DOCUMENT RESUME

ED 396 829 PS 024 299

TITLE Head Start Home Visitor Handbook.
INSTITUTION Administration for Children, Youth, and Families (DHHS), Washington, DC. Head Start Bureau.; Trans-Management Systems, Inc.
PUB DATE [94]
CONTRACT 105-90-1517
NOTE 198p.; For 1986 edition, see ED 270 211.
PUB TYPE Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC08 Plus Postage.
DESCRIPTORS Family Counseling; Family Involvement; *Family Programs; *Home Programs; *Home Visits; Preschool Education; Program Development; Program Implementation; Self Evaluation (Individuals); Young Children
IDENTIFIERS *Family Support; *Project Head Start

ABSTRACT

Developed to provide assistance in the building of an effective home-based program for Head Start children and their families, this handbook may serve as a blueprint for parent-focused home visits that assist the child and family to meet their special needs. Chapter one focuses on the home visitation model for providing services to families and ways that the Head Start Home-Based Program Option uses and expands on this model. Also addressed are the knowledge base, activities, and attitudes appropriate for the home visitor. Chapter two focuses on screening and assessment in order to determine the needs of the children and families served. Chapter three focuses on planning and evaluating individualized home visits and group socialization activities with parents involved. Chapter four focuses on strategies for home visitors to use as they conduct individualized home visits and group socialization activities with parents and children in various settings. Chapter five discusses how and why home visitors should evaluate home visits and group socialization activities. Two appendices contain suggestions for strengthening the home-based program option, and a home visitor self-assessment guide. (WJC)

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HEAD START HOME VISITOR HANDBOOK

PS 024299

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

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HEAD START
HOME VISITOR HANDBOOK

Produced under contract No. 105-90-1517, by
Trans-Management Systems Corporation
1025 Vermont Avenue, N.W.
Washington, D.C. 20005

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Introduction

Home visitors are to be envied. Where else can you become well acquainted with a family, work with them in a relaxed setting, and provide an individualized program that meets their particular needs? Serving children and families within the home environment can be one of the most rewarding professional experiences you'll ever encounter.

This handbook will help you, the home visitor, build an effective home-based program for Head Start children and their families. It can serve as a blueprint for parent-focused home visits that assist the child and family to meet their special needs. The information in the handbook reflects the best practices of many contributing Head Start home-based programs across the country.

The Head Start Home-Based Program Option was developed by the Head Start Bureau in a way that combines the best ideas from numerous sources. Recognizing that each grantee agency is unique, the Bureau has attempted to include many ideas that have proven effective. It is up to you to choose those that work best for you, your agency, and the families you serve.

Evaluation results indicate that the *Home-Based Program Option* is effective for both parents and children. In fact, home-based programs reflect essentially the same success as the more traditional center-based Head Start program. We believe you will find that there are many unique advantages to a home-based program. You should recognize these advantages and capitalize upon the strengths home-based programming can offer.

Among these advantages are the following:

- **Individualized Instruction**—Serving each child and family at home enhances individualization possibilities. The home visitor individualizes in terms of the goals and objectives set for the child and family, and in terms of the one-to-one attention given during home visits.

- **Learning Occurs in the Natural Environment**—The home offers an appro-priate setting for learning basic skills such as dressing, feeding, and communicating. This is the environment where the child's basic needs must be met. Therefore, a program that emphasizes the parent's role as the teacher assists the parent to meet these needs and use all aspects of the home environment for the child's benefit.

- **Opportunities to Observe Parent-Child Interaction**—Working with the child and parent at home makes it possible to observe and enhance the parent-child interaction. The home visitor is in a good position to help the parents become effective teachers and managers of their child's behavior.

- **Parents Can Generalize Learned Skills**—Teaching and child management techniques parents learn to use with the enrolled child can be applied to other children in the family.

- **Direct Parent Involvement**—The above strengths of the home-based option will work only if the parents are directly involved in

the program for the child. Many programs mistakenly have home visitors go into the home and work directly with the child while the parents observe. This model has limited effectiveness since intervention is limited to the weekly 1 1/2 hour period when the visitor is in the home. In programs with a parent focus, the parent learns to teach the child whenever and wherever there is an opportunity. Demonstrating skills and activities to the parent for use in daily activities and interactions makes more sense.

- **Family Involvement**—Home-based programs have the advantage of total family involvement. Parents, siblings, and other household members can all be involved in the program. Providing family members with successful, growth-enhancing experiences can create a healthier emotional climate for the whole family.

- **Developing Home-School Linkages**—Parents who have learned to nurture their child successfully at home are more likely to continue working with their child once she/he enters the school system. Parents who are confident as teachers of their own children will be more likely to participate actively in school programs. Home-based service is a good way to give parents confidence in their teaching and parenting abilities.

It is the Head Start Bureau staff's basic belief that high quality home visits, group socialization experiences, and parent activities all must have some structure. It is not enough just to visit on a consistent basis. You must have clearly defined goals and objectives, a plan for meeting them, and a system to evaluate and account for what is accomplished. The chapters in this handbook address these issues. Once you have established a structure, you can be as creative as you wish as long as your activities are based on the needs of the children and families you serve.

In summary, the Head Start Home-Based Program Option can benefit the entire family. Coupled with guidance at your agency, this handbook will help you develop a partnership with families and perform your job responsibilities. The suggestions described have been effective with many children and families. We hope this handbook will help you build solid Head Start home-based services.

Chapter One

Understanding the Head Start Home-Based Program Option and the Role of the Home Visitor

This chapter focuses on the home visitation model for providing services to families and ways that the Head Start Home-Based Program Option uses and expands on this model. This chapter also addresses the knowledge base, activities, and attitudes appropriate for the home visitor in the Head Start Home-Based Program Option. It will answer many of your questions regarding:

- The philosophy of home-based Head Start
- The Head Start approach to home visiting
- The implementation of the *Head Start Program Performance Standards* in the home-based option
- The key elements of the Head Start Home-Based Program Option
- The characteristics and skills of an effective home visitor
- Strategies for developing partnerships with parents
- The ethical issues involved in home visiting
- Strategies for maintaining personal safety
- Ways to seek support
- Strategies for initiating home visits.

PHILOSOPHY OF HOME-BASED HEAD START

Since 1965, Head Start has played a vital role in addressing the changing needs of children and their families. Gains made by the child in Head Start must be understood and reinforced by family and community involvement. The Head Start Home-Based Program Option facilitates this involvement by offering greater opportunities for an appreciation of the young child's needs. It presents ways to satisfy these needs within the child's primary environment—the home.

The Head Start Home-Based Program Option has its roots in previous home visitation programs. Home visitors have provided early intervention services in the United States and Europe for more than one hundred years (GAO, 1990). In Great Britain, home visiting be-gan in 1852 as a way to reduce infant mortality. Today, in Denmark and Great Britain, home visiting is the main source for preventive health information and care for young children.

The history of home visiting programs has stimulated the development of a philosophy of home visitation. Since the early 1960s, many home-based early intervention programs have been established by health, education, and mental health agencies. These programs are based on the belief that this type of program best takes place in the immediate family

environment. The home has great potential to affect parent-child interaction and to enhance children's development. Competent home visitors believe that parents are the primary educators of their children and recognize the importance of the early years of development. Many home-based programs are targeted for low income children and their families to help "break the poverty cycle." These programs support and encourage families as they strive for self-sufficiency (Meleen, et al, 1988).

Today's home visiting programs state as their philosophy that families can and should be empowered to set their own goals and make decisions about meeting those goals (Wasik, et al, 1990). Home visitors can help families identify their strengths and build on them. In addition, home visitors can help families locate resources that match or fit with family strengths and needs.

Many home visiting programs' documents also address the importance of extended family, friends, and community. These three are the social supports that help families avoid or deal with stress, illness, and other problems. Home visitors use this concept in helping families find ways to cope with their problems and improve their lives.

Finally, many current home visit programs include in their philosophy the idea that families operate as a system. The elements of this system are interdependent. Therefore, children's lives are influenced by many factors in addition to the relationships between children and their parents.

Based on this program philosophy, Head Start home visitors provide services to families in a way that incorporates the concepts of empowerment, strength-building, resource-matching, community involvement, and family interdependence. Certainly, home visitors in the Head Start Home-Based Program Option subscribe to this philosophy as another method

for fostering the growth of social competency in young children. Social competency is the overall goal of the Head Start program.

The Head Start Home-Based Program Option

In 1972, the Office of Child Development (now the Administration on Children, Youth and Families) funded sixteen communities to demonstrate approaches providing comprehensive Head Start services to parents as the first and most important educators of their own children. An evaluation of the demonstration revealed that parent-focused home-based programs were effective for parents and their children. In 1973, the Head Start Home-Based Program Option was made available to all Head Start agencies. Since that time, this Option has provided an opportunity for parents to influence

and make further contributions to one of their most time-consuming and absorbing tasks—promoting the education and development of their children. The advantages of home-based programming are:

- Emphasis is on supporting and encouraging family's goals and objectives, attaining and/or strengthening self-sufficiency.
- Parents are directly involved in the education of their children.
- Parents are strengthened in their capacity to facilitate the general development of their children.
- Greater continuity in children's educational experience, helps children grow to their maximum potential physically, mentally, emotionally, and socially.
- Broader opportunities for families to learn about techniques and resources maximizes their potential as a functioning unit.

In the Head Start Home-Based Program Option, home visitors serve as facilitators, educators, support systems for parents and families, and as vital links to the local community. There are several basic features upon which an effective home-based program depends:

- Commitment of the staff to the philosophy of parent participation, parents as partners
- Regular and consistent contact with parents
- Effective and appropriate information exchange
- An antibias approach with respect and cultural sensitivity, and
- Honest, interpersonal relationships.

These features are crucial. Through open and honest sharing of ideas and opinions, parents and staff see one another as partners, as strong allies. For this partnership to occur, home visitors must build strong bridges of communication and understanding and be sensitive to the culture(s) represented by the families served. Staff and parents must establish positive rapport and interpersonal relations in order to develop and maintain open and honest communications.

Parents have primary responsibility for their children—to care for and supervise them. And, parents have the roles of primary advocate and educator. The parents' main role is as supporter of their child's development. The home is the primary environment within which this development occurs. The staff assume a secondary role in the life and education of the children. Staff's primary role is to assist, encourage, and support parents as they carry out their parenting and family responsibilities.

The most effective role for a home visitor is that of a facilitator of learning. In a traditional educational setting, communication usually flows in one direction only, from the teacher to the student. In contrast, a home visitor who facilitates learning establishes a multi-directional communication system. (These features of home visiting are explored more fully later in this chapter.)

As facilitators of learning, home visitors have one primary function: to guide parents toward answers for their questions, utilizing their own knowledge, skills, and experience base. Home visitors have much to share with parents. Effective home visitors need a thorough understanding of child development and early childhood education, and an understanding of adult learning principles, and family dynamics.

They must be skilled in communicating well and in motivating people. In addition, they must have knowledge of community resources and the skills to link the families with appropriate agencies and services.

A home-based philosophy that regards parents as partners and as the primary facilitators of their children's development provides the best opportunity for learning to be an exciting experience.

THE HEAD START APPROACH TO HOME VISITING

In carrying out a *parents as partners* philosophy, home visitors must recognize that they are not child educators. Home visitors are adult educators who work with the child through the parents.

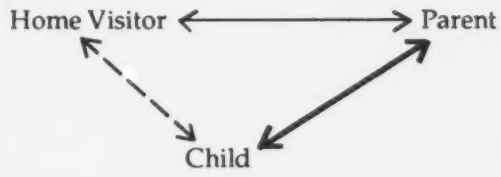
Home visitors sometimes consider themselves as:

- Parenting consultants
- Child behavior advisors
- Resource persons.

During the home visit, children will be present, of course, and need attention. They will be excited when the home visitor arrives. As caring individuals, home visitors greet children warmly, hug them, ask how they are doing. However, the home visitor's job is to **work with parents to help improve their abilities**. If a home visitor teaches the child, to the exclusion of the parents, program benefits are reduced drastically. Effective home visitors focus on parents, and encourage, facilitate, promote, and support parents to focus on their child.

This *Head Start Parent-Focused Approach* is depicted in Figure 1-1 at the top of the following column:

FIGURE 1-1



In this Head Start model the emphasis of the home visit is reaching the child through the parent. Agencies relying on this model have far greater success passing new teaching and interactional skills on to parents and enhancing the family's self-sufficiency. The focal point of the visit is providing information to parents on what and how to teach the child, as well as addressing other services to meet the family's needs. Ultimately, the parents learn to teach on their own. As they become more skillful with the new techniques, they learn to generalize those skills to teach in novel settings with a variety of materials without the home visitor's aid. An added benefit is that the parents can use the newly acquired teaching and interactional skills with their other children, thus broadening the effects of the program. Parents are better able to meet their parent's health, social services, and other needs. (See Figure 1-2 regarding the Appropriate versus Inappropriate Approach to Home Visiting.)

THE HEAD START PROGRAM PERFORMANCE STANDARDS

To be an effective Head Start home visitor, knowledge of the *Head Start Program Performance Standards* is essential.

The Office of Child Development, currently ACYF (Administration on Children, Youth and Families), first published the Performance Standards in 1975. OCD developed the Standards to set out the goals of the Head Start

program as they may be achieved "by the combined attainment of the objectives of the basic components of the program" (DHHS, 1975). When Head Start agencies complete component plans that address the implementation of the Performance Standards, they have "firm bases for operations most likely to lead to demonstrable benefits to children and their families" (DHHS, 1975).

The *Head Start Program Performance Standards* contain information regarding the overall goals and objectives of the Head Start program. The overall goal is to bring about a greater degree of social competence in children of low income families. By social competence is meant the child's everyday effectiveness in dealing with both present environment and later responsibilities in school and life. Social competence takes into account the inter-relatedness of cognitive and intellectual development, physical and mental health, nutritional needs, and other factors that enable a developmental approach to helping children achieve social competence. To the accomplishment of this goal, the Head Start Home-Based Program Option provides for:

- The improvement of the family's attitude toward health care and the development of physical abilities. Encouragement and support of the parents' attention to their children's health or physical abilities, including appropriate steps to correct present physical and mental problems and to enhance their children's access to an adequate diet.

- Encouragement of each family member's self-esteem, spontaneity, curiosity, and self-discipline, which will assist in the development and strengthening of the child and family's social and emotional health.

- Involvement of the parents in the enhancement of the child's mental processes

FIGURE 1-2: APPROPRIATE VERSUS INAPPROPRIATE APPROACH TO HOME VISITING WITHIN THE HEAD START HOME-BASED PROGRAM OPTION

APPROPRIATE APPROACH TO HOME VISITING

- Home visitor works directly with parents—forming partnerships with parents.
- Parents are the focus of attention. Home visitor encourages and facilitates interaction between parents and child.
- Focus of the home visit is providing information to the parents. Parents work directly with the child—home visitor encourages and supports the parents and demonstrates when necessary.

INAPPROPRIATE APPROACH TO HOME VISITING

- Home visitor works with babysitter , a non-household member, or family child care provider—parents do not participate or are not present.
- Home visitor works directly with the child and directly with the parent so the home visitor is the center of attention.
- Home visitor works directly with the child. Work between parents and home visitor and parents and child are unplanned and secondary—results in limited growth of the parent.

and skills with particular attention to thinking and communication skills.

- The establishment of patterns and expectations of success for the child and all family members, which will create a climate of confidence for present and future efforts and overall development.

- An increase in the ability of all family members to relate to each other and to others.

- The enhancement of the sense of dignity and self-worth within all family members.

Effective home visitors use the *Head Start Program Performance Standards* as the basis for providing quality individualized services to families. To do so, an understanding of the following two points are helpful:

- The Performance Standards are written from a center-based program option perspective. Therefore, Head Start agency staff and policy makers must "translate" the Standards into a more parent-focused, family-centered approach for use with the Home-Based Program Option. (Suggestions for Strengthening the Head Start Home-Based Program Option are included in Appendix A.)

- Home visitors should use the *Head Start Program Performance Standards* to develop service activities to the extent needed for each family. That is, many of the *Head Start Performance Standards* objectives call for agencies to provide services when needed (such as crisis intervention, assistance with housing). Home visitors and parents identify goals, objectives, and activities that are appropriate for the family in support of the Performance Standards objectives as the need arises. In addition, some of the objectives call for services to be provided to all families or children (e.g., encouraging children to solve problems, hearing testing). Home visitors and parents together select long- and short-range goals to determine how, when, and to what extent these services should be provided.

Home visitors, with the support of the grantee agency, must follow the *Head Start Program Performance Standards* and individualize services for families. Component staff must work cooperatively with home visitors to meet Performance Standards requirements.

OVERVIEW OF THE HEAD START HOME-BASED PROGRAM OPTION

One essential aspect of being a Head Start home visitor is an understanding of the key elements of the Home-Based Program Option.

The Head Start Home-Based Program Option is defined as Head Start services provided to children, primarily in the child's home, through intensive work with the child's parents and family as the primary factor in the growth and development of the child. Therefore, parents whose children are enrolled in a Head Start program and served by the Home-Based Program Option receive all the Head Start services. These services are provided in their **homes**, through **home visits** by a regular visitor and through **participation in group experiences**, such as **group socialization activities, training sessions, parent meetings, and policy council/committee meetings.**

Agencies refer to the community needs assessment when determining which enrolled families would be best served by the Home-Based Program Option. This option is selected based on social, geographic, cultural, and other locally identified considerations.

Agencies implementing the Home-Based Program Option must:

- Provide weekly home visits for each family
- Provide regularly scheduled group socialization activities
- Make up planned home visits or scheduled group socialization activities that were canceled by the agency or by program staff when this is necessary to meet the minimum program requirements.

Agencies determine caseloads (number of families served) based on national regulations for the home-based program option and on local considerations. A case load of 10-12 families is considered a full time (40 hours/week) assignment. Variation of that number depends on geography or distance to be covered, number of target children in a family, or other local factors. According to national policy, children are enrolled; the entire family is served.

Home-Based staff are provided employed time for participation in training sessions and meetings, as well as time to plan and set up the program at the start of the year, to close the program at the end of the year, to maintain records, and to keep component and activity plans current and relevant. These activities take place when no home visits or group socialization activities are scheduled.

One of the purposes of the **home visit** is to help parents improve their parenting skills and to assist them in the use of the home as the child's primary learning environment. Home visits, over the course of a month, at a minimum, contain elements of all Head Start program components. The home visitor is the person responsible for introducing, arranging, and/or providing Head Start services.

Group socialization activities are focused on both the children and parents. They may not be conducted by the home visitor with babysitters or other temporary caregivers. The purpose of these socialization activities for the children is to emphasize peer group interaction through age-appropriate activities in a community facility, home, Head Start classroom, or on a field trip. The children are supervised by the home visitor, with parents observing at times and actively participating at other times. These activities are designed so that parents are expected to accompany their children to the group socialization activities to observe, to participate as volunteers, or to engage in activities designed specifically for the parents.

Training sessions are provided for parents and staff in all Head Start component areas: child development/parenting, medical health, dental health, mental health, nutrition, social services, and parent involvement. Parents are encouraged to participate in these education experiences according to their interests, strengths, and needs.

Head Start agencies provide opportunities for staff to increase their knowledge and skills. **Staff training** is competency based and incorporates concepts and skills from all Head Start component areas. Agencies conduct this training during pre- and inservice sessions as part of a career development program for home-based staff. Often, training is organized around the Child Development Associate (CDA) functional areas. Home-based coordinators and other resource persons support home visitors in enhancing their competence through observations, conferences, accompanying home visitors on home visits as often as needed, and through other forms of technical assistance. Head Start agencies also support home visitors by providing time and space for them to meet with each other, share concerns, problem-solve, and conduct other activities that build on their strengths, and arrange for their participation in appropriate state and regional training events.

Home visitors are also encouraged to visit other home visitor programs, such as visiting nurses' programs and home programs for teen mothers.

Parents are to be active participants in the program. They participate in planning and evaluating the home visits and group experiences. Additional opportunities for their participation include formal and informal parent meetings, field trips, and upcoming program events. Parents are encouraged to participate on the agency's policy committee (delegate agency) or policy council (grantee agency). The policy committee and council are charged with decision-making responsibilities for the agency. Finally, parents are encouraged to plan and conduct other social and educational activities for themselves.

Understanding the Head Start Home-Based Program Option begins with a familiarity with the history of home visitation, developing and practicing an appropriate home visit philosophy, and knowing the requirements of the *Head Start Program Performance Standards* and the program option. The videotape titled *Head Start At Home* provides an excellent orientation to the Head Start Home-Based Program Option and is available from the Head Start Bureau, P.O. Box 1182, Washington, D.C., 20013

ATTRIBUTES OF AN EFFECTIVE HOME VISITOR

Home visitors are the Head Start staff with the primary responsibility for assisting parents in fostering the growth and development of their children. They have the primary responsibility for delivering Head Start services to each family in their caseload. Home visitors also have the primary responsibility for ensuring that the *Head Start Program Performance Standards* are met for each family.

The home visitor's role involves:

- Making weekly home visits to each family
- Planning and evaluating these visits together with parents
- Planning and conducting with parents group socialization activities for all parents and children they serve
- Scheduling and following-up referrals with families
- Coordinating services with other Head Start staff as well as community agencies
- Documenting all activities
- Participating in training.

To fulfill this role, the home visitor must have and then further develop the following characteristics, knowledge, skills, and attitudes:

Characteristics

The home visitor must be:

- Attentive (a good listener)
- Accepting
- Organized
- Dedicated
- Supportive
- Patient

In addition the home visitor should strive to be objective, flexible, realistic, empathic, compassionate, enthusiastic, creative, and culturally sensitive.

Knowledge

A knowledge base in the following areas is important:

- Adult learning principles
- Health, nutrition, and safety
- Child development
- Parent education
- Home management
- Consumerism

Home visitors should be able to provide specific information regarding early childhood education, psychology, first aid, family dynamics, behavior management techniques and time management.

Skills

Competencies are needed in:

- Listening
- Speaking
- Recognizing non-verbal cues
- Writing
- Reading
- Budgeting

These skills will be used as the home visitor assesses child, parent and family strengths and needs; establishes rapport; guides; plans; motivates; evaluates; and documents observations, and progress.

Attitude

Most importantly, the attitude of competent home visitors in working with parents and families can be summed up in three words: respect, respect, and respect!

Child Development Associate Competency Standards

The Child Development Associate (CDA) National Credentialing Program, administered by the Council for Early Childhood Professional Recognition, offers a method for defining the competencies that an effective home visitor should acquire and maintain. The Credentialing Program is a major national effort initiated in 1971 to improve the quality of child care by

improving, evaluating, and recognizing the competence of child care providers and home visitors. **The CDA Competency Standards** define the skills needed by child care professionals in a variety of settings, including the home. (Note: The CDA Competency Standards apply to **all** home visitation programs; they are not specific to the home visitor's role in the Head Start Home-Based Program Option. Therefore, Head Start home visitors can view these standards as a foundation for establishing competence. The roles of the Head Start home visitor include competencies and responsibilities not necessarily found in other home visitation programs, such as those involving component integration and group socialization planning, implementation, and evaluation. Additional skills [see Figure 1-3] are required for these responsibilities).

The Role of the Head Start Home Visitor

As noted above, home visitors who implement the Head Start Home-Based Program Option have duties in addition to, and built on, those identified through the CDA system. Some of the tasks that competent home visitors are expected to perform are listed in Figure 1-3.

FIGURE 1-3: THE ROLE OF THE HOME VISITOR IN THE HEAD START HOME-BASED PROGRAM OPTION

Plan an individualized program with families.

- Establish a climate of mutual trust and respect with parents.
- Use a parent-focused approach for weekly home visits.
- Complete a written family needs assessment with parents for each family.
- Complete a written family action plan with parents to individualize the program for each family; include long- and short-term goals and objectives for family, family members/target children; update throughout the service period.
- Design activities for families based on a family action plan; conduct planning as partners with parents.
- Write home visit plans with parents that include goals/objectives, home visit activities, family interim activities.
- Document completed activities with parents, family goals/objectives achieved, children's developmental needs addressed.
- Confer regularly with the home-base supervisor, component coordinators, and other resource staff regarding plans and activities.
- Observe family interactions, at times, and later provide feedback to parents.

Involve parents in program activities.

- Have input in planning and evaluating the agency's parent involvement component activities.
- Develop a system for involving home-based parents in Head Start decision-making and advocacy roles.
- Plan, conduct, and evaluate meetings with parents on a variety of program-related topics.
- Use a variety of communication techniques to inform parents of program activities.

Help parents to address their social service needs.

- Have input in planning and evaluating the agency's social services component activities.
- Participate in recruitment efforts according to the agency's plan.

(FIGURE 1-3, continued)

Help parents to address their social service needs (continued).

- Make referrals and conduct follow-up for families/family members in need of counseling, emergency assistance, or crisis intervention.
- Conduct home visits with other specialists for family counseling, emergency assistance, or crisis intervention.
- Help parents cope with contemporary social/health problems (violence, crime, catastrophic illness, substance abuse).
- Furnish information to families about available community resources.
- Advocate for Head Start families to receive benefits from local resources.
- Enable parents to become self-advocates.
- Coordinate activities for families with other community agencies.

Assist families in addressing their health and nutrition needs.

- Have input in planning and evaluating the agency's health component activities.
- Complete medical, dental, and developmental histories for target children and other family members.
- Coordinate with other staff and parents to secure health screenings for target children (growth assessment, vision and hearing tests, hemoglobin or hematocrit determination, tuberculin tests, urinalyses).
- Coordinate with other staff and parents regarding health screenings for family members (provide information, make referrals, advocate with families for improved health services).
- Advise families of community health problems and provide information/referral/advocacy.
- Assess family members' immunization status and provide information/referral/advocacy.
- Provide information regarding speech problems and other disabilities; family members' medical examination and treatment; and dental screening, examination, and follow-up.
- Help parents to develop a plan of action for medical and dental emergencies.
- Complete and maintain medical/dental records, ensuring confidentiality.
- Provide information regarding health resources.

(FIGURE 1-3, continued)

- Integrate health and nutrition education in home visits, group socialization activities, and parent meetings.
- Coordinate home visit and group socialization services with mental health professionals.
- Confer with parents regarding family members' mental health needs.
- Use nutrition assessment data (height, weight, hematocrit/hemoglobin) to plan meals and nutrition-related activities with families.
- Obtain and use information about family eating habits, dietary needs, feeding problems, and community nutrition-related problems.
- Provide meals consistent with USDA meal patterns and DHHS/USDA Dietary Guidelines for Americans during group socialization.
- Work with families in establishing consistent routines and meal patterns in the home.
- Use food experiences to promote children's cognitive, physical, social, and emotional development (family style service, in a quiet well-lighted area, with enough time to eat and clean up, etc.) during group socialization.

Help parents address their family's education needs.

- Have input in planning and evaluating the agency's education component activities.
- Plan and conduct preschool activities with parents for their children which are appropriate in a home, which meet the child's intellectual, physical, emotional, and social needs in the home, and which help parents understand how children learn.
- Plan, conduct, and evaluate with parents regular group socialization activities that emphasize peer group interaction for children and allow parents to observe, participate as volunteers, and engage in activities designed specifically for them.
- Assist parents in meeting their own education needs by making referrals to adult education programs: i.e., job training, Graduate Equivalent Diploma, literacy, college.
- Support parents in their efforts to obtain or provide educational assistance for older siblings.

DEVELOPING PARTNERSHIPS WITH PARENTS

The role of the home visitor is that of a facilitator of learning. Home visitors help parents grow in parenting skills, problem solving, coping skills, knowledge of child development, and advocacy skills for their children and themselves. To really help, home visitors must develop partnerships with the families with

whom they work—partnerships that facilitate parental understanding of children's developmental needs and their role in meeting those needs.

How does a home visitor begin to develop a partnership with parents? An understanding of the basics of building relationships will get home visitors on their way. This section is devoted to the foundations of a partnership. The foundation will be built with:

- An understanding of the ways that adults learn
- Effective communication skills
- Cultural sensitivity
- An awareness of family systems and personal values and attitudes
- Strategies for establishing rapport with families
- Respect for individuals.

Helping Adults As Learners

While there is no real difference between the way that children and adults receive information, use that information and alter their behavior—what is normally thought of as "learning"—there are differences in the types of learning experiences that adults prefer, in the time allowed for learning, in the skills used, and other variables related to maturation and experience.

Home visitors use an understanding of the ways adults learn as they provide services to families. Home visitors work with parents to plan experiences that:

- Allow parents to be independent learners: to select what they want to learn about parenting, enhancing their family's self-sufficiency; to share responsibility for planning
- Are based on a relationship in which the home visitor and parents can provide information to each other as well as learn from each other
- Build on parents' past experiences and use current experiences as learning opportunities
- Help parents assess their own and their children's learning needs and identify goals with parents that address immediate concerns and interests
- Help parents solve their own problems.

Effective home visitors recognize other factors regarding the ways that adults learn. Adults learn best when they are comfortable. Working in the home helps ensure that this aspect of adult learning is taken into account. Here are additional ways that home visitors provide comfort for parents:

- Suggest activities for children to engage in while home visitors and parents are working together
- Let the parent choose where the home visit will take place
- Encourage the parents to do those things that make them most comfortable
- Dress casually—this enables the family to feel more at ease
- Offer genuine compliments; be observant of strengths upon which to build, while identifying areas of need

- Let parents know that home visitors make mistakes too; share lessons learned the hard way.

Other strategies for using adult learning principles include the following:

- **Adults learn best when they feel their abilities are recognized.** The parents may already have many valuable skills that relate directly to the information that is presented. Home visitors get their message across more effectively when they refer to the parents' related strengths or life experiences. To do so tells the parents that they are important, and that the purpose of the activity is to share information rather than to instruct.

- **Adults learn best when their needs, questions, and concerns are addressed.** It is not appropriate for home visitors to provide educational activities to the parents without individualizing for the specific person. Encourage the parents to ask questions or share their ideas on the information presented. Answer their questions, as well as incorporate their comments into the discussion.

- **Adults learn best when they have trust and confidence in their instructor**. There is no better argument for preparation. This does not mean, however, that home visitors should try to convince the parents that they are experts on all subjects, nor that home visitors can answer every question asked. Confidence and trust are based more on honesty and frankness. When a home visitor does not know the answer to a question or concern that a parent might have, he or she should promise to look further into the matter and report back later.

- **Many adults learn best when they are active participants.** Make home visits fun and interesting. Encourage parents to share their ideas and to become involved in each activity. Co-plan home visit activities and goals with parents.

- **Many adults learn best when they can discover for themselves**. Don't be afraid to let parents take the lead and plan activities. Encourage jumping in with both feet and provide instructive feedback with questions to help summarize what was learned.

- **Many adults learn best when all of their senses are activated.** Adults tire quickly of lectures and incessant talking on one person's part. So plan activities that allow the use of taste, smell, touch, sight, and sound.

- **Adults learn best when they receive feedback.** All of us like to know how we are doing. This includes what we are doing well and what may require improvement. Don't hesitate to offer constructive feedback that reinforces and corrects.

- **Adult learning is enhanced by problem solving.** Good problem-solving abilities are the key to parental independence. Resist the temptation to dispense answers and information, and engage families in brainstorming, questioning, role playing, and problem analysis instead.

- **Adults learn to the degree that they feel the need to learn and perceive achievement of personal goals.** Provide opportunities for parents to recognize their needs and interests. Encourage them to set goals and devise a plan for achievement of goals.

- **Finally, adults learn best with people they admire and who show respect for them.** We are privileged guests in the homes in which we work. Home visitors must never forget this nor abuse the welcome.

It is easy to see that the traditional role of "teacher" does not fit with the learning experiences of most adults. Rather than being a transmitter of knowledge, individuals who help adults to learn new information and enhance their parenting skills, must become facilitators of learning. The

"teaching" focus changes from what is the teacher doing to what is happening with the parents. Home visitors, as facilitators, need to be clear about the resources they have and those they may need to help the parents. Home visitors also must make the resources they have accessible to the parents on their terms—to the extent needed, when the parents are ready to use them, at an appropriate level of difficulty. Home visitors guide the process for parents to build on their strengths and meet their own needs.

A method for guiding this process involves *self-directed learning* (Knowles, 1975). With self-directed learning, individuals take the initiative, with or without the help of others, to assess their learning needs, formulate learning goals, identify human and material resources for learning, choose and implement appropriate learning strategies, and evaluate learning outcomes. Self-directed learning includes several elements in its design. Home visitors using a self-directed learning approach can accommodate these elements by thinking about themselves in relation to the following statements.

I set an appropriate climate for learning:

- I help parents understand the concept of self-directed learning.
- I help parents understand that I am a facilitator and resource person.
- I create an atmosphere of trust, support, mutual caring, and intellectual rigor.

I involve parents in planning for learning:

- I use different methods for involving parents in planning and decision making for home visits and group socialization activities.
- I decide what procedures to use and at what points I present optional procedures for parents to make a decision.

I help parents identify their learning needs:

- The parents and I define the parenting and self-sufficiency skills to strive towards.
- I help parents assess the gaps between their present levels and their models for parenting and self-sufficiency in a way that is realistic and nonthreatening.

I help parents set long- and short-term goals:

- I facilitate parents' translating their needs into goals to address immediately and goals for later attainment.
- I constructively suggest goals or changes to goals that parents have set.

Along with parents, I develop long- and short-term plans:

- I present guidelines to parents for completing

the family action plan and home visit weekly plans.

- I expose parents to resources for them to use in planning.

- I help parents with low literacy skills take the lead in plan development.

I facilitate parents getting the most out of the activities we have planned:

- I maximize the match between each parent's preferred learning style and the method(s) selected for home visits.

- I determine the roles I will play during a learning activity—demonstrator, provider of information, observer, reinforcer.

I work with parents to evaluate the learning activities:

- I share my perceptions of parents' accomplishments in meeting their goals.

- I help parents to assess their progress.

- Parents and I use evaluation information to design new goals and learning activities.

Thinking about themselves in relation to the above statements is not always easy for home visitors. As they improve their skills and become more comfortable in their role, home visitors will identify more readily. Certainly, participation in training experiences, conferences with supervisors, discussions during staffings, and other support activities will help home visitors work through these statements in a way appropriate for each home visitor's program and families.

When using a self-directed learning approach, home visitors need a variety of methods for providing information, teaching or enhancing skills, and clarifying or modifying attitudes. Variety is necessary due to the individual differences in the ways adults learn. For example, some parents might prefer learning a new skill by reading about it, practicing it on their own, and then attempting this skill with their children. Others might prefer a demonstration by a home visitor, or another parent who has mastered a skill, followed by practice sessions with coaching. Some parents will appreciate invitations to group training sessions, while others might prefer one-on-one dialogues with a home visitor or another staff person regarding a parenting or health-related issue. Effective home visitors are familiar with parents' preferred learning styles and suggest methods and resources that match these styles.

The success of the home-based approach lies in the parents as partners philosophy. In the parent-focused home visit, the home visitor concentrates on the role of adult educator while facilitating parental growth and development. With knowledge of adult education, and a repertoire of methods at his or her disposal, the home visitor gradually transfers the responsibility for planning and instructing to the parents as their confidence and status grows. Consequently, the foundation for a partnership is laid. This foundation is strengthened and built upon by home visitors' use of effective communication skills with their families.

Communication Skills

Communication is a basic human process. It is a process of exchange through which we attempt to meet needs. These might be personal needs, ours or the other person's, or they might be needs arising from work to be done. Needs can include safety, security, love, food, shelter, affiliation, learning, guidance, and so on. People

communicate with the intention of meeting these needs. The quality of communication depends upon the quality of two basic kinds of behavior—sending messages and receiving messages.

Receiving Messages or Listening

Being quiet when someone talks is not listening. Listening is based on the intention to do one of four things: understand someone, enjoy someone, learn something, or give help or solace. Listening is a primary means of facilitating a feeling of acceptance and value in another person. There are two parts to real listening: the first is paying careful attention to what is said, noting facial expressions, posture, and tone of voice as well as the words spoken. At this stage listeners form a picture. The second part is hearing: interpreting what is said and trying to understand it. It includes filling in the picture and evaluating the relevance and reliability of the message. Accurate interpretation of the messages received is imperative to the on-going, decision-making process in which a home visitor and the family will be engaged.

To truly listen, home visitors must assume the following attitudes:

- A conscious decision to listen,
- A suspension of judgment, and
- A resistance to external and internal distractions.

Becoming a good listener is an on-going process. It requires the continual development and reinforcement of these attitudes.

As with any other art, the art of listening requires a range of skills. Because listening is not a passive process but a very active process, the range of skills necessary is wide and varied. Listening skills must always take into consideration cultural differences and the nature of the relationship between the individuals. Home visitors will need to vary their communication style from one family to another. Nonverbal skills contribute to good listening. These silent skills can help communicate interest and concern and will build trust and respect. Basic strategies for using nonverbal skills in effective communication include the following:

- **Eye contact**: Cultural differences must be considered. Look at parents when they speak. Eye contact communicates caring and, thus, should be responsive and frequent.

- **Body language**: Maintain a natural and relaxed posture that indicates your interest. Rigid, formal posture may convey avoidance, disinterest, or even disapproval.

- **Interpersonal distance**: The distance between you and the parent(s) can indicate the degree of your availability. The parent may feel invaded if you move too close; if you're too far back, he or she may feel detachment, rejection, or dislike. Be aware of cultural differences and the meanings assigned to positions in space. Find the distance most comfortable for the parent. Generally, there are four zones:

  - Intimate: up to 1 1/2 feet
  - Personal: up to 3 feet
  - Social: 3 to 5 feet
  - Public: 5 feet.

Verbal listening skills are spoken responses to the messages received, and they are crucial to effective listening. They develop only with practice and patience. The verbal responses home visitors will need for their listening repertoire include:

- **Non-verbal acknowledgment:** Brief expres-

sions that communicate understanding, acceptance, and empathy, such as:

- Oh
- I see
- Really
- Mm-hmm
- I get it
- Interesting

- **Door openers:** Invitations to expand or continue the expressions of thoughts and feelings. Again, the listener is showing interest and involvement. Examples:

  - Would you like to talk about it?
  - Let's discuss it.
  - Sounds like you've got some feelings about this.

- **Content paraphrase**: Putting the factual portion of the message into your own words and sending it back to check your accuracy in understanding. Examples are:

  - Then the problem as you see it is...
  - Do you mean, for example, that...
  - What I hear you saying is...

- **Active listening**: Helping the sender to understand both the thoughts and feelings of his/her communication. The listener does this by non-judgmental reflecting or mirroring of what he has heard. You must concentrate on what is said, how it is said, and then check your interpretation for accuracy. Examples are:

  - You sound upset when he doesn't mind you...
  - You're stumped about what to do next...
  - If I understand you correctly, you feel...

- **Open-ended questioning**: Use open-ended questions to encourage the other person to continue talking or to elaborate what he/she is thinking or feeling. For example, some typical questions might be:

  - Is there anything else that's bothering you?
  - How important do you think this is?
  - How would you like things to change?

- **Non-verbal observations**: A sensitive observation of an individual's behavior to understand feelings that are not expressed verbally. Examples:

  - You look sad.
  - You seem anxious and upset.
  - I think you're getting nervous about the late hour (after noting clock gazing).

Each of these listening responses facilitates, rather than impedes, communication by providing the speaker an "open door." Adept listening communicates respect and fosters an atmosphere of openness.

Sending Messages

In most communications the sending and receiving of messages is reciprocal and simultaneous. Most of the time communication is not just a series of exchanges, it is an on-going process in which a pattern develops. Communication effectiveness will always be dependent upon the sender's ability to communicate exactly what is intended and the receiver's ability to hear and understand the message as sent.

Sending messages involves three steps:

- Determine the purpose for the message.
- Deliver the message as clearly and completely as possible.
- Seek a response to the message, acknowledge, and evaluate it.

The effectiveness of the communication will depend upon a home visitor's flexibility in

delivery, the relevance of the message to the receiver, the trust developed over time, and the clarity of the message. Home visitors should consider the following tips for sending messages effectively.

- Be clear regarding your purpose:
  - Informal conversation
  - Providing direction
  - Asking questions, obtaining information
  - Giving information
  - Making a referral
  - Mutual problem-solving
  - Encouraging, reinforcing, supporting.
- Choose your timing, place, and volume. Be sensitive to what is happening in the lives of family members. During crisis times, determine what is most important now and what should be held back until later.
- Plan your message and how you will convey it. Is it more effective to deliver it in person, on the phone, in writing?
- When you deliver your introductory signal, watch and listen to see if you are "plugged in" with the other person. If the circuit has not been established, change your approach, timing, or volume—or reschedule.
- Lead with what is important to you, the other person, and tell why. Acknowledge their needs as well as yours.
- Be as clear as you can about what you want (I want your opinion, attention, understanding, ideas...).
- Signal what is important as necessary (hand gestures, increased volume, written material).
- Give examples.
- Be appropriately complete in providing information relevant to the topic. Do not confuse the message with irrelevant chit-chat.
- Distinguish among your opinions, facts, hunches, wishes, suspicions.
- Watch for signals, both verbal (are you being invited to continue?) and non-verbal (are they looking at the clock?). Check out understanding by asking questions.
- Leave enough time for the other person to respond—that means you have to stop sending messages at some point.
- Beware of deluding yourself by "hearing what you want to hear" and ignoring the other person's signals.
- If you are not sure of the other person's response, ask!
- Acknowledge a response by restating what you think it is: "Sounds like...," "You agree that something needs to happen...," "So you think...," "I hear you say...".
- Let the other person know your intentions regarding his/her response. "I will ask the coordinator to talk to you...," "Let's talk about this next week after you've had a chance to think this over," "This week you will...".
- Thank the parent for his/her time and attention, even if you did not get exactly what you wanted.

Home visitors have a unique opportunity to build a relationship with parents that will assist their entire family to grow. Thoughtful attention to the principles of adult learning and effective communication skills can foster that relationship—a relationship in which home visitors and parents

speak as equal partners. In order for this to happen, home visitors must be aware of the important role that culture plays in communication, in child rearing, in all aspects of life.

Antibias, Cultural Sensitivity, and Respect

Children and their families come to Head Start rooted in a culture (Multicultural Principles, 1991). Culture gives meaning and direction—to children, parents, home visitors, other staff, community

members. Culture is the set of rules that governs their world, organizes their physical and social interactions, and shapes their understanding and perceptions of behavior and ideas.

Home visitors should recognize the role that culture plays in service provision for families. Culture is tied strongly to people's lives. It surfaces as attitudes and actions of "the right way" and "the wrong way." Above all, culture is about valued relationships and about what is a worthy person. Home visitors' awareness of what their own cultures tell them about morality and worth is a necessary first step in cultural sensitivity. Acknowledging that each family has a culture is another important step. Familiarity with the culture(s) of the families served is also key. Developing this familiarity **without judging** is essential.

Home visitors who are culturally sensitive provide services to families that reinforce their culture. Ethnic distinctiveness is supported and services are provided in a way that is most meaningful to families.

Culturally competent home visitors celebrate diversity. They help parents help their children to be aware of, and sensitive to, the variety of family structures that exist.

Awareness of Family Systems

Family structure refers to the family's size, and composition. A family's structure determines how that family meets their needs and fulfills their functions (economic, physical, social and recreational). Family structure, including its cultural aspects, plays a key role in determining child rearing practices. In addition, each family's needs and functions change as they pass through family stages (adulthood, birth of children, departure of children). Families are complicated systems. Anytime individuals try to change one part of the system (child's skills, mother's function), the rest of the family will be affected.

Respect for families includes recognizing the strengths of many types of family structures. Home visitors become familiar with a variety of situations in which children are raised: single-parent families, two-parent families, same-gender parents, multi-generational families. Families come in different forms with a variety of needs. A successful home visitor respects a family's value system without passing judgment.

Awareness of Personal Attitudes

In order to develop an awareness of family systems, home visitors must be aware of their personal values and attitudes.

Attitudes are rooted in one's upbringing,

education, and life experiences. Most attitudes help build partnerships with families; however, some attitudes interfere. Home visitors should consider their opinions about the following statements.

- Parents are not accurate observers/reporters of their children's behavior.
- Parents are unrealistic goal setters.
- Parents do not know what their child needs.
- Parents do not know how to teach.
- Parents need us.

These statements reflect only a few judgments, misconceptions and often stereotypic responses many people hold about parents. If home visitors ignore their own attitudes, they may be less effective with families. Home visitors must acknowledge such opinions and feelings so these biases do not interfere with building family partnerships. Building an effective partnership with a family requires home visitors to accept the following:

- Families want to do what is best for their children.
- Families are the most long-term, concerned advocates for their children.
- Families are interrelated units. Working with one parent or child also affects the rest of the family.
- All families have needs in the following areas: financial, social, recreational, educational, vocational, emotional, and physical. Families' needs vary and change over time.
- Families have taught their children most of what they know and are capable of teaching new skills and using new methods.
- Families have solved their own problems without outside help. Some of their solutions are creative.
- Head Start families must assist in directing and evaluating the program (refer to Transmittal Notice 70.2).
- Home visitors have access to techniques and resources that can help families.
- Home visitors want what is best for the family, based on the family's assessment of needs and strengths.
- Home visitors want family participation.

When all ten assumptions are put into action in a home-based program, family/home visitor partnerships are well on their way. Successful partnerships result in parents talking openly, listening to home visitor's suggestions, identifying needs and a means of meeting needs, and understanding the importance of spending time with their child to extend his/her learning opportunities.

Partnerships fail unless responsibilities of the family and home visitor are specified. Home visitors have a secondary role in the life and education of the enrolled children and families with whom they work; they support families, they do not replace them. Individualizing support to families is the art of building healthy, self-confident parents who interact responsively with their children and learn to utilize community resources to meet their own needs.

Strategies for Establishing Rapport

Home visitors who are partners with parents

have good rapport with families. As home visitors provide individualized support to families, rapport will be established and maintained. As noted earlier, an attitude of respect is key. In addition, the following tips for making home visits (which are discussed more fully in the following chapters) will help build rapport and motivate parents to get the most out of the home-based option.

During the Home Visit

- Make parents the focus of your visits. Let each parent know that you are interested in his or her growth as the child's teacher. Talk to the parents. Assist through feedback. Ask the parents to work with the child. Help develop the parents' role as teachers.

- Be sure the parents understand the rationale for each activity they try with their child. Make it a habit to discuss the reason for each activity as you plan it with parents.

- Do not overlook the role that the activities you and the family plan together can play in building rapport. Many times the experience of working toward a common goal—such as enhancing self-sufficiency—is the best way to build rapport.

- Be flexible with the type of activities you and the parents plan. Try to ensure success for the parents. During a particularly stressful time, plan more loosely structured activities that require less of the parents' energy. As soon as things settle down, expect parents to be able to devote more attention to the activities.

Taking an Interest in the Family

- Find out what each parent is interested in—a hobby, a sport, a job—and take an interest in that, too. You may find a good recipe and share it with someone who likes to cook, give a magazine article on camping to someone who enjoys weekend camping trips, or bring a plant problem that you are having to someone who loves plants. Use your imagination. Be thoughtful.

- Be a good listener. This means stop talking, be interested, put yourself in the parent's place, be patient, and ask questions.

- You might send birthday cards to the parents and to the child.

Reinforcement

- Compliment the parent on things he or she has taught the child. Be sincere and honest about this praise. Anticipate and seek out the positive. "Gloria is very good at helping you care for her sister. I see that this is important in your family—you've done a great job in getting that message across!"

- Assist parents to pursue a goal. Help them enroll in a study for Graduate Equivalent Diploma (GED) course work or tests, work on a craft together, assist with food budgeting, etc. This can be used as reinforcement for working toward family goals, toward enhanced self-sufficiency. **A reminder:** Do only those things that you feel competent to do. Make referrals if it is not within your expertise.

- Reinforce parents for working with the child during the week, for good attendance on home visits, or for providing a nutritious snack. Give recognition in a newsletter, make and distribute certificates for good work, or take the parents and/or their children on an extra field trip.

- Have a *Parent of the Month* feature in the newsletter as a reward for good participation.

- After planning the first activity with parents, call or send a postcard in two or three days to let the parents know you are thinking about them. Wish them luck on the task. Ask if there are any problems with the activity. Give them suggestions on what to do if there are problems. Remind them of the time and day you will be coming again.

- Promote socialization among parents to encourage participation. You might help organize an exercise class, a bowling team, a chili cook-off, a parent field trip, a baseball or volleyball team, or other activities of special interest to the parents.

Working with Parents

- Identify and recognize parents' skills and interests. Be receptive to a parent's suggestions on ways to teach and to reinforce the child. Remember you are partners, and this implies a give-and-take relationship. Let the parent tell you about the child and what works with him or her. Work with parents to plan activities for home visits.

- Let parents know that you don't have all the answers and that you've shared some common experiences and problems (toilet training your child, learning to be consistent and following through, budgeting). These experiences are enhanced by home visitor knowledge in child development and many other areas.

- Be patient. Sometimes we expect adults to change too quickly. Remember adults have different learning rates and learning styles, too. It takes a long time to change established behaviors. You will need to give parents time and focus on those behaviors that have changed—no matter how small they may be.

- Utilize the parent's skills and talents whenever appropriate. Ask someone who sews to help make paint smocks. Someone who likes to cook might want to share skills at a parent meeting or a children's group experience. Someone who is artistic might design the cover for the newsletter or an invitation for a family social event. A musician can be a tremendous lift for a parent or child gathering. Sometimes the recognition gained from sharing talents can motivate further involvement.

Using Others as Resources

- Use your fellow staff members as resources in solving problems. With the parents' knowledge, ask another home visitor or your supervisor to accompany you on a home visit to observe. Ask for concrete, positive suggestions after you have completed the visit.

- Pair a less involved parent with a more active parent. Suggest that they sit together at a parent meeting, ask them to participate in a field trip together, or have them share a ride to a group gathering. Structure activities that allow them to talk about the positive outcomes of the Home-Based Program Option. Encourage the active parent to give support.

Home visitors might find building rapport and understanding with some families difficult. Some families are socially isolated, have low self-identity, misperceive their child and have difficulty trusting others. Families may be withdrawn. Home visitors must be persistent in letting these families know that they will "hang in there". Here are some tips for working with hard-to-reach families.

- Identify family members' strengths and reinforce them.

- Help the family set concrete, easily attainable goals to show family members they can succeed.
- Make program activities predictable by explaining what will happen and what is expected ahead of time.
- Be consistent!
- Show parents your interest by actively advocating for needed services.
- Include a time in each visit to discuss present concerns.
- Help parents to know they are worthwhile to their child and the program.
- Help parents assess their own attitudes about teachers, education, and their role in their child's education.

Establishing and maintaining rapport with families is one of the most important—and most difficult—things that a home visitor does. Practically every home visitor has a story to share about a parent who wouldn't let the home visitor into her home for the first few home visits (front steps home visiting can be acceptable!). With persistence, trust was established. From this initial trust came mutual respect. Rapport often develops slowly!

The videotape *A Partnership With Parents* is an excellent training resource that explains and clarifies the role of the home visitor in Head Start. It depicts the elements that are most important to home visitors and shows how services to children and families in the program meet the *Head Start Program Performance Standards*. Also available is a *User's Guide* that was developed to promote effective use of the videotape by home visitors, home-based supervisors, trainers, and/or other component staff. Both are available from the Head Start Bureau, P.O. Box 1182, Washington, D.C., 20013.

ISSUES INVOLVED IN HOME VISITING

Special home visitor attitudes and skills are called upon when dealing with situations for which there seem to be no "correct" responses. Home visitors often must make an immediate decision, on the spot, when ethical questions arise. These questions can concern whether the home visitor should intervene in a particular situation, how best to do so, and how to balance the needs of individual family members (adults and children). Ethical questions might regard home visitors' telling the truth in certain situations or breaking confidences. Home visitors need to address these types of questions before situations arise and children's, parents', and/or home visitors' safety is in jeopardy. It is important to recognize the role that collaboration and consultation—with supervisors, component coordinators, other resource personnel—can play in working through ethical dilemmas.

As a foundation, home visitors can view their work as part of the field of social services.* As such, home visitors can "borrow" from the ethical guidelines for this profession. For example, an adaptation of Frederic Reamer's "Guidelines for Resolving Ethical Dilemmas" (Reamer, 1982) could provide this framework for Head Start home visitors:

- An individual's safety or health is more important than following rules, such as honesty (e.g., not informing an abusive

*This section is adapted from Bryant, Donna, Lyons, Claudia, and Wasik, Barbara. Ethical issues involved in home visiting. Topics in Early Childhood Special Education, Winter 1991, pp 92-107.

husband that his wife and child are in a woman's shelter).

- A family member's right to freedom (including freedom to conduct an illegal activity, for which the home visitor might suggest rehabilitation) is superseded when that individual's activity (drug use) becomes harmful to a child—this would result in a home visitor's report of child abuse/neglect.

- When an individual's actions are voluntary, or performed by an "informed client," his or her right to freedom supersedes a home visitor's wishes for the client—a home visitor might question a family member's decision to drop out of school, or leave a rehabilitation program, particularly if the individual has been depressed or has not received adequate information about the consequences of the action.

- Home visitors must obey the laws and follow the agency's rules and procedures, even when these laws, rules, or procedures present an obstacle in his/her work—in such a case, a home visitor should work with the home-base supervisor and/or other home visitors on suggested procedural changes.

- Home visitors might have to disregard rules or procedures if a family member's life or safety is in danger (e.g., transporting individuals to a shelter for protection before notifying the home-base supervisor of this action in an agency where such an action requires prior approval).

- While stressing self-sufficiency, a home visitor might make arrangements with appropriate sources for necessities, such as food or clothing, for a family in need.

With these guidelines as a framework, home visitors can prepare themselves for ethical dilemmas they might encounter. These dilemmas include maintaining a family focus, supporting independence, always being honest, maintaining confidentiality, and providing appropriate interventions. (A word of caution: There are few right answers, and addressing these issues is not easy!)

In Head Start, home visitors work with the parents, the enrolled child and any others in the family. However, when a conflict exists among family members regarding the enrolled child—perhaps regarding discipline—a home visitor might have to offer support and guidance in a way that "leans" more toward one family member. In such cases, focusing on the target child's needs and best interests can help to solve this dilemma. Similarly, home visitors might feel that theirs is a "better way" to approach something than the way a parent has chosen. However, maintaining a parent focus means that parents should be encouraged and supported to make their own decisions (even when the home visitor sees their way as self-destructive or futile).

The issue of independence can present a problem for home visitors. If family members are undergoing a large amount of stress, temporary dependence on a home visitor for making decisions would be warranted. However, in most situations providing information, suggesting a referral to another agency, or other less directive methods are appropriate. Home visitors must weigh the severity of a situation and determine when they have to provide direct action and when to use the more common home visiting skills of suggestion, reinforcement, and facilitation.

The question of total honesty, always, can be tricky! In the example above (abusive spouse), most would argue that keeping the family

members' location a secret is warranted. Other situations might not seem that clear. Professionalism as a home visitor calls for making a decision regarding honesty at times, particularly when an individual's safety is involved. Home visitors must decide when this is so, seeking their supervisor's guidance when appropriate.

Home visitors promise parents confidentiality. Since home visitors learn personal, often intimate, details about a family, confidentiality is a must for establishing and maintaining trust and respect. Normally, home visitor referrals of a family to another agency is done with parents' written permission. Within the Head Start agency, however, home visitors often share confidential information with other staff members—home-based supervisors, component coordinators—in order to meet family needs. Therefore, home visitors should not give parents the impression that no information will be shared with others. Home visitors discuss family issues with appropriate staff. And, in cases involving individual's safety or well-being, home visitors might need to disclose information to others outside of the Head Start agency.

Lastly, providing appropriate interventions might present an ethical dilemma for home visitors. When home visitors see themselves as the best—or only—persons capable of helping families solve their problems, they might attempt to provide services beyond their expertise. Home visitors cannot be all things to all people. Referral, collaboration/coordination with other specialists, and/or advocacy on a family's behalf will serve as more appropriate actions in particular situations. Home visitors need to recognize these situations and know when to "step back." Similarly, home visitors should provide services in a way that is "friendly," but as a professional, not the parent's "best friend." Maintaining this objectivity can present an ethical dilemma for home visitors, as well. Again, guidance and support from supervisors will be helpful.

A related dilemma often faced by home visitors involves their own safety as they do their jobs. Most home visitors feel that the work they do is important and that the community they serve values their work. While this is true, situations can arise in which home visitors' fears for their personal safety override their obligation to make or complete home visits. The next section offers guidance regarding ways for home visitors to stay safe and tips on what to do when they do not feel safe.

MAINTAINING PERSONAL SAFETY

Although it is not common for home visitors to find themselves in a situation they perceive as threatening, it is important for them to be cautious. Home visitors work in different settings in all parts of the country—some in rural, isolated areas, some in inner cities, and some in suburban areas. The populations that home visitors serve are diverse; safety issues will vary. There are, however, several basic safety guidelines and precautions that are applicable to all home visitors (Wasik, et al, 1990). The first, and perhaps most important, guideline is that home visitors use common sense and trust their judgment. If home visitors feel frightened during a visit, they should assess the immediate situation and leave if they consider themselves in danger. (On the other hand, if home visitors are merely unfamiliar with the family's setting, or are visiting in a cultural environment much different from their own, they should examine the source of their uneasiness before concluding that they really are unsafe.) Examples of situations that may require leaving include violence in the home, drug use and drug dealing, or the presence of

acutely intoxicated or out-of-control individuals. Home visitors should excuse themselves as politely as possible, explain to the parent that they cannot stay, and that they will contact them later to arrange another time for the home visit. The home visitors should then report the incident to their supervisor and record the reason for the home visit cancellation in writing. They should record what happened, such as: "Parent's speech was slurred and she/he was using language I have never heard him/her use before." When the home visitor and parent discuss the situation later, it should be done in a nonjudgmental manner—that the home visitor was unable to work with the parent that day as home visits require everyone's attention and participation, and that the home visitor felt it would be better to return another day. If the pattern is repeated, the home visitor should request that either their supervisor and/or mental health coordinator meet with the parent to help the parent deal with the situation and/or set limits on the conditions in the home during the time of home visits.

If home visitors feel threatened by guests in the home, they should explain to the parent that they feel uncomfortable and will return at a time when they can work with the parent alone.

The second guideline is that home visitors should always make sure that their supervisor or other agency staff knows their weekly home visit schedule. The schedule should include families' names, dates, time of visit, and expected time of return. It also may be advisable for a home visitor's spouse or other family member to be aware of the weekly home visitor schedule for safety reasons.

If home visits are taking place in particularly dangerous environments, agencies should provide a monitoring system, such as having the home visitor call in when the visit is complete. Home visitors should familiarize themselves with the safety measures their agency has in place and request such measures if none exist. Some agencies provide home visitors with beepers. Others use some type of easily recognizable Head Start identification—for both the home visitor and their vehicles. As mobile phones become more affordable, some agencies are using these, especially in remote rural areas and dangerous urban areas. Another option in this situation is for the home visitors to ask the parents or one of their trusted friends to meet them at an agreed upon time and location and then accompany the home visitor into the home, escorting them back to their car or other transportation when the visit is over.

A third guideline for safe home visits is knowing the neighborhood where the visits are taking place. As home visitors become familiar to the people who live in the neighborhood, their safety will increase. Additionally, home visitors should learn the safest route to and from the families' homes. The direct route may not be the safest route. Family members can help home visitors to learn the safest routes (and safest times) for them to visit. There are several other factors that home visitors should consider. For those visitors using automobiles for their work, maintaining an automobile in good condition is clearly a necessary safety precaution, especially for those who travel long distances, for those who travel in remote, rural areas, and for those who travel through potentially dangerous neighborhoods.

Another precaution is related to the presence of illness in the home. If home visitors discover that a family member has a communicable disease that could be spread by air or food, they should not enter the home. They should reschedule the visit for a later date. If home visitors learn of a potentially communicable illness during the home visit, they should check

with either their supervisor, the agency's health coordinator, or a nurse, doctor, or health department before going into another home. They should also wash all equipment and materials before using them again.

Home visitors should use common sense and trust their judgments, try to prevent dangerous situations from developing, and keep supervisory staff aware of the conditions under which they are home visiting. When personal safety is involved home visitors must advocate for themselves—sharing concerns with their supervisors, telling parents when they are uneasy, leaving a place that they perceive to be unsafe.

Home visitors' ease and skill in dealing with safety issues—and with all other aspects of their role—is facilitated by the support they receive from their agencies. This support involves training, technical assistance, and peer networks. The home visitor's support system is the subject of the next section in this chapter.

THE HOME VISITOR'S SUPPORT SYSTEM

Initial and ongoing training is essential to the success of a home-based program. The agency is responsible for providing staff with various types of training and educational experiences. (Training generally refers to activities designed to improve an employee's or volunteer's skills for his or her current job. Education implies activities to improve an individual's competence beyond the job or volunteer position now held [Nadler, 1979]. Head Start agencies provide both types of activities. This Handbook uses training to refer to both training and education activities.)

One type of training agencies should provide is an orientation to the Head Start Home-Based Program Option. This training includes information regarding the agency and its policies and procedures, *Head Start Program Performance Standards* and how they apply to the home-based option, the home visitors' roles and responsibilities, a viewing of the video tapes

Head Start at Home and *A Partnership with Parents*, the issuance of this Handbook for the home visitor to read, and the identification and reporting of child abuse. This usually occurs the first week on the job.

A more comprehensive type of training is also offered. This training helps develop and increase the skills needed to feel secure and confident in the role of home visitor. It provides information on screening and assessing children and families, developing long- and short-range goals and objectives with families, planning and conducting parent-focused weekly home visits, planning and conducting group socialization activities, and record keeping. This training is usually conducted by the home-base supervisor or trainer, experienced home visitors, or an outside consultant.

A third phase of training is ongoing training. Its goal is to enhance the home visitor's skills and knowledge in working with families and in planning ahead for professional development. The content of ongoing training is determined by the skills and knowledge with which the

home visitor enters the program, the interests of the home visitor, the evaluation of the strengths and needs in on-the-job performance, and the individualized training plan that the home visitor and supervisor have designed. (Appendix B is a sample Home Visitor Self-Assessment Form.)

Ongoing training can be conducted in a variety of settings and take many forms, such as:

- Conferences and workshops
- Inservices
- Individual reading
- Discussions with the supervisor, other home visitors and/or component staff
- Supervisors accompanying home visitors on home visits
- Visits to other programs
- Course work
- "Peer teaching" home visitors (both new and experienced), periodically accompanying each other on home visits, providing feedback, suggestions, and support (Wasik, et al, 1990).

The Child Development Associate (CDA) National Credentialing Program also offers a valuable training approach available to Head Start teaching staff and home visitors. Home visitors can obtain additional information on CDA training from their supervisor.

There is also another type of support home visitors need...support in helping families deal with catastrophic illnesses and other stressful situations such as child abuse and neglect, domestic violence, substance abuse, and AIDS. To help families, home visitors must first make sure they are not putting themselves in danger, especially when family situations involve violence or substance abuse. Home visitors must be aware of, and refrain from, wanting to "rescue" families. Most importantly, **home visitors must realize that they cannot do this alone**. They must have the support of the Head Start agency. Home visitors should seek out help first from their supervisors—conferring with them regarding:

- Things that they are told by family members or that they see and hear during home visits that might indicate child abuse or neglect, domestic violence or substance abuse
- Agency procedures for reporting abuse
- Agency resources for assisting families in multi-stressful situations
- Community resources for shelter, prevention of further abuse, substance abuse treatment, care, and support for persons with HIV infection/AIDS, and so on
- Agency procedures for referring families to community agencies and providing follow-up services with families.

Support for home visitors also can include specific training for helping families cope. Home visitors can request that their agencies provide training in areas such as:

- Active listening skills
- Strategies for helping families cope with crises
- Victim advocacy
- Myths and misconceptions regarding child abuse, domestic violence, substance abuse, and HIV/AIDS
- Infection control procedures.

Home visitors should seek the support of other Head Start personnel when dealing with

a family's stressful situations. This support could include:

- Discussing with supervisors and component coordinators fears for one's safety or health because of situations in a home

- Conducting home visits with the mental health or other appropriate specialist for families, when dealing with issues such as child abuse, domestic violence, or substance abuse

- Conducting home visits with the health or nutrition coordinator for helping a family cope with a catastrophic illness.

An excellent source of support for home visitors is the peer network of their colleagues. Home visitors can, without breaching confidentiality by identifying families, discuss problems that arise with these families. Other home visitors can offer suggestions, share similar experiences, and be a "sounding board."

Most importantly: Home visitors should seek support from others. Helping families who are multi-stressed requires a team effort. Family members, home visitors, other Head Start personnel, and other community agencies must all be involved.

Home visitors truly are special people! They call upon their objectivity, sensitivity, enthusiasm, and other characteristics to do their jobs well. They use their knowledge of adult learning principles, child development, family dynamics, and other areas. They observe, assess, co-plan, communicate, and use other skills. Home visitors come to every situation well armed, in partnership with parents, to help families build upon their strengths and diminish their needs. Talk about power! In the next section of this chapter, we address information that will help home visitors use their knowledge and skills to get started: the beginning processes.

RECRUITMENT

Home visitors could have several responsibilities in the recruitment process. One responsibility is helping administrators and parents develop the agency recruitment plan. Another responsibility involves providing names of potentially eligible children. Home visitors can identify siblings of current target children, other relatives, or neighbors, and provide this information to their supervisors and/or social service coordinator.

THE FIRST HOME VISIT

After completing the planning, an exciting part of the process of the Head Start Home-Based Program Option is conducting the first home visits. A common anxiety expressed by many home visitors is, "I've just knocked on the door for the first time. Now what do I do?" The first home visit is important for getting started on the right foot. Home visitors need to plan this first home visit thoroughly and then show confidence, enthusiasm, and professionalism in order to establish positive relationships between themselves and the families they serve.

It is most important to use the first home visit as an opportunity for getting acquainted. Although the next chapter focuses on various screening and assessment strategies as beginning processes, **it is not suggested that home visitors begin screenings or assessments during the first home visit**. This might be appropriate for some families. However, many parents will be nervous and uncertain about home visiting. It is probably more important to undertake other activities during the first home visit than questioning parents, testing children, and filling out all the forms that the agency requires! It is most important to use the first home visit as an opportunity for getting acquainted.

The first home visit should be brief, focused, and informal—a pleasant experience for parents and children. Often, home visitors continue to orient the family to the Head Start program and the Home-Based Program Option—the process that began during recruitment. This happens as home visitors get to know the family.

Conversational talk about everyday things is appropriate during the first (as well as subsequent) home visits. With the type of **helping relationship** home visitors will have with parents, it is important for parents to see home visitors as the persons they are (Wasik, et al, 1990).

As the orientation to the program continues, home visitors can explain the purpose of the home visits and other program activities, describe the types of activities in which the family will be engaged, and listen. By listening, home visitors can begin to discover the parents' points of view on many different points, including what the family considers to be its strengths and needs (Johnson, n.d.).

During the first home visit, home visitors should explain clearly what their role is, defining responsibilities as well as limitations and stressing the **partnership** between parents and home visitors for planning, implementing, and evaluating home visits and group socialization activities. Home visitors might need to reiterate and reinforce this role explanation throughout the year for some or all families. Clarifying what home visitors perceive their responsibilities and limitations to be will help diminish potential confusion about what they will be doing (Wasik, et al, 1990).

Similarly, home visitors should begin to clarify what the role of the parents is during the first home visit. Parents must see that their role is part of a mutual relationship to which they will make important contributions. Many agencies find it helpful to use a written parent/home visitor agreement that describes parents' activities, offering choices as appropriate (see Figure 1-4 for an example of such a form).

As home visitors and parents discuss their respective roles and responsibilities, they can explore parents' expectations of the program. Home visitors can address any misunderstandings parents might have about the program in general, the home visitor's role and/or the parents' role. For instance some may think the visitor is there to teach the child or that only children are to attend group socialization activities.

Finally—and most importantly—the first home visit offers an opportunity for home visitors to begin to establish rapport with families (as discussed previously in this chapter). Rapport often develops slowly. It is based on trust and respect. It is not always consistently progressive: at times something happens in between home visits that threatens the trust that was being developed. So, home visitors must begin to establish trust early in their relationships with parents, knowing that building rapport might be the most difficult thing they will do with some families. Certainly, asking intrusive questions

during the first home visit could be threatening. Even a seemingly innocent question, such as *"How was your pregnancy with this child?"* might be interpreted as *"I couldn't help but notice that there's something wrong with Joey—was there a prenatal problem?"* Portraying an attitude of trust and respect is most important at this time; completing assessment forms should come later.

Usually, the final activity during the first home visit is scheduling the next visit with the family (which will probably be the regular home visit time for the family) and planning the activities that the home visitor and parents will do together. Home visitors should inform parents of the dates, times, and locations for the first group socialization activity and parent meeting. Home visitors should be able to judge the extent to which they can begin the screening and assessment process for children and parents. This process must begin soon if agencies require that children's health and developmental screenings, the family needs assessment, and the family action plan be completed within 45 days of the child's enrollment.

FIGURE 1-4: PARENT/HOME VISITOR AGREEMENT

I, _____, promise to volunteer as much time as I feel is possible to the Child Development-York Head Start Program. I will assist in any of the following ways listed below to the best of my ability and with the task best suited for me.

__ 1. Attend parent meetings

__ 2. Volunteer to help with group socialization activities

__ 3. Make learning activities for home visits and group socialization activities (time varies)

__ 4. Assist with Health Screenings

__ 5. Be a rider on the bus or car

__ 6. Assist staff with field trips

__ 7. Attend parent training sessions

__ 8. Volunteer in the resource room or central office (typing, filing, answering the phone, inventory books)

__ 9. Serve as an advisory committee member: education, health, parent involvement, social services

I will continue to participate fully in the weekly home visits with my child and the home visitor. Each home visit will last approximately one and a half (1 1/2) hours. During this time I expect the home visitor to share skills that I may use with my child during the home visit, and continue to use during the week to help my child develop and learn socially, emotionally, physically, and intellectually.

Date: _____ Parent: _____

Date: _____ Home Visitor: _____

(Adapted from Community Progress Council, Inc., York, PA)

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Chapter Two

Screening and Assessment Activities

This chapter focuses on the initial steps home visitors take in helping parents assess their own and their children's strengths and needs and to develop long- and short-term goals that use the strengths and meet needs. The chapter will answer many of your questions regarding:

- The process for completing a family needs assessment with each family
- The process for developing a family action plan with parents
- The home visitor's role in completing child health and developmental screenings
- The process for completing ongoing child developmental assessments.

SCREENING AND ASSESSMENT

An essential and initial aspect of a quality home visitation program is the screening and assessment process. This process enables Head Start agencies to determine the needs of the children and families served. It also enables home-based staff and parents to identify issues to be addressed and services needed for parents and children, including special educational or medical services.

In the Home-Based Program Option, the home visitor, with the assistance of various competent staff, delivers services to the entire family. A thorough evaluation of the needs of the enrolled child(ren) and the rest of the family is necessary to ensure appropriate service delivery. Three types of evaluations are needed, and each requires different instruments and methods. The types of assessments conducted with all Head Start children and their families are:

1. The family needs assessment,
2. Child health and developmental screening, and
3. Ongoing child developmental assessment.

An additional evaluation, diagnostic assessment, is carried out when screening and assessment results indicate that a child might have a disability. These children are referred to appropriate professionals, such as psychologists, audiologists, and physicians, who gather and provide diagnostic data. Each type of evaluation provides home visitors with valuable information to develop a meaningful and individualized plan of action for families and children.

It is essential that parents (or legal guardians) are involved as equal partners in each type of evaluation. The following suggestions are given to ensure that this partnership between the parents and home

visitors develops during the assessment and planning process.

- Discuss with parents the reasons why information is gathered and emphasize that the information will be used to plan activities based upon the specific needs of each family.

- Review and emphasize that all the information obtained is confidential: The information will be shared only with other Head Start staff for planning purposes, and the information may be shared with other agencies only with parents' informed consent.

- Stress co-planning, and allow parents to develop their own program to meet their needs.

- If only one parent regularly participates in home visits and other activities, work with that parent to establish procedures for including the other parent (and other household members with child rearing responsibilities) in screening and assessment activities.

Family Needs Assessment and Family Action Plan

The first measure used by home visitors is the family needs assessment. The family needs assessment should assist the family to identify their interests, desires, goals , strengths, and needs. This assessment assists the home visitor to determine how to best help the family in the areas of nutrition, health, social services, parent involvement and education.

There are two specific documents that can help the home visitor understand this assessment process in greater detail. They are the *Model Family Needs Assessment Process Instruments* and *User's Manual*, both published by the U.S. Department of Health and Human Services. They can be ordered free of charge from the Head Start Bureau. They were developed for Head Start programs and were widely field tested in representative Head Start programs. These publications illustrate both the comprehensiveness of the assessment and how the assessment data is utilized in meeting family needs. Figures 2-1 through 2-4 (pages 38 through 41) show how individual programs have developed their own instruments for facilitating this important component of the Head Start program.

As described in the *User's Manual*, the process of conducting the family needs assessment and preparing and implementing a family action plan is based on two important concepts, **participation** and **family growth and development**. Participation means the family makes decisions and takes action giving them a sense of

FIGURE 2-1: FAMILY NEEDS ASSESSMENT (FNA)

Parent's Name _____ Home Visitor's Name _____

Child's Name _____ Date _____

A. Ways parents would like to participate:

- __ Plan activities, field trips, educational experiences
- __ Help with newsletter
- __ Participate in the group socialization activity
- __ Assist on field trips
- __ Prepare educational materials at home
- __ Volunteer in Health Services
- __ Volunteer in Social Services
- __ Help in the Office

B. Would like to learn more about the following areas:

- __ Child development, including disabilities
- __ Child behavior management
- __ Nutrition, gardening, canning
- __ Family planning, birth control
- __ Weight control, grooming, dress decorating
- __ First aid, home safety
- __ Budgeting, wise shopping habits
- __ Sewing
- __ Self-protection for women
- __ Singles groups
- __ Marriage, family counseling
- __ Home repairs, maintenance,
- __ Simple auto mechanics
- __ Arts, crafts, hobbies
- __ Alcohol, drug abuse
- __ Other

The above may be provided at parent groups, special groups, or individual information made available through referrals. Does parent have skills in any of the above areas? Detail:

C. Employment skills:
Is parent interested in:

- __ Employment counseling
- __ Job skill improvement
- __ Adult Basic Education/GED
- __ Vocational or college training
- __ Obtaining driver's license
- __ Assistance with day care when employed

(Adapted from Child, Inc., Austin, TX)

FIGURE 2-2: FAMILY STRENGTHS AND GOALS

We feel good about our family because:

We would like our family to:

During the next three months we would like to:

We should like our family to be able to:

Our family is having trouble with:

(Adapted from Panhandle Community Services, Scottsbluff, NE)

FIGURE 2-3: FAMILY NEEDS ASSESSMENT (FNA)

Parent's Name _____ Program Location _____

Child's Name _____ Date _____

A. Health

__ Parent has special needs because of child's disability. Explain:

__ Parent needs assistance to complete follow-up identified by medical exam. Explain:

__ Parent needs assistance to complete dental exam. Explain:

__ Parent needs assistance to complete dental follow-up. Explain:

__ Parent needs health and sanitation information. Explain:

Y/N Is mother pregnant?

__ Needs medical care related to pregnancy
__ Needs information related to pregnancy
__ Parent needs assistance to meet other family-related health/dental needs

Comments:

(Adapted from Champlain Valley OEO, Burlington, VT)

FIGURE 2-4 : HEAD START FAMILY SERVICES

Name _____ Phone _____

Address _____

Employer/School and Location _____

MY STRENGTHS ARE:

__ Patience
__ Reliability
__ Flexibility
__ Discipline
__ Teaching
__ Experience
__ Other

IMMEDIATE NEEDS:

__ Emergency food
__ Medical help
__ Clothing
__ Personal problems
__ Legal help
__ Other

INDIVIDUAL NEEDS:

__ Transportation
__ Child care
__ Family counseling
__ Parenting help
__ Other

MATERIAL NEEDS:

__ Housing
__ Clothing
__ Home repair/improvement
__ Food

TO DO MY BEST AS A PERSON, I NEED TO LEARN:

__ Child growth and development
__ Self-improvement
__ Child behavior and development
__ Nutrition
__ First Aid/CPR
__ Home management
__ Other

(Adapted from Lakes and Pines CAC, Mora, MN)

responsibility and empowerment. Family growth and development means that the assessment and planning processes are dynamic, on-going activities. The weekly visits of a friendly visitor are catalysts of change and provide a continuing support as assessment data is reviewed and as plans are modified.

This on-going process of assessment and planning is initiated in three steps:

1. Identifying strengths and needs,
2. Setting and prioritizing goals, and
3. Planning ways to meet the goals.

Step 1: Identification of Strengths and Needs

The first phase of the **Family Needs**

Assessment process increases the family's awareness of their interests, strengths, and current status; available community and program resources; services provided to families by other agencies; and family needs or desired services. In many agencies, home visitors initiate the family needs assessment process by asking parents to complete a form with questions regarding their interests, strengths, and goals. This form normally is given to families on an initial home visit and completed as soon as possible. The process is continued on subsequent home visits by discussing community resource directories and highlighting various agencies and the services they provide.

Additionally, many home visitors have found that parent questionnaires, interview guides, and family profiles provide specific information on the family's current status or interests and increase the family's ability to assess their own strengths and needs. Generally these are completed during the home visit by the family and home visitor. Some agencies have established a team approach that includes the home visitor and at least one other person on the assessment team. In other agencies, component coordinators complete the family needs assessment. However, we believe the home visitor is the key person in this process and should be given that responsibility alone.

A word of caution! The family needs assessment process doesn't stop here. Determining strengths and needs gives the home visitor and family some initial information on areas to target for work, but it does not increase the family's ability to problem solve and extend their capacity to meet their future needs. Completing the remaining two steps in the process is essential in maximizing lasting impact on families.

Step 2: Set and Prioritize Goals

After parents have identified interests, strengths, and needs, they will **Set Goals** that lead toward meeting their needs and expanding their experiences. Goals are written in measurable terms, stating exactly what will be done and how to determine accomplishment. Once goals are written, parents can determine priorities for meeting them.

At times, leading the parents to select goals which can give immediate results is helpful. As these interests are satisfied, other goals can be added. When home visitors and parents establish a trusting relationship, areas of concerns and needs of a more serious nature may be revealed, such as child abuse or alcoholism.

Parents and home visitors should record goals on a family action plan. This plan provides a running record of goals set throughout the program year. Additionally, the plan should contain dates when action was initiated to reach a goal, estimated time required to accomplish the goal, names of providers of service or information, and dates of achievement for each goal.

Step 3: Plan Ways to Meet Goals

The **Family Action Plan** is used to outline steps to meet the stated goal. Parents and home visitors share major responsibility for designing, carrying out, and evaluating the family action

plan. Early in the planning stages, the home visitor, along with the component staff, should review and discuss each family's needs assessment and family action plan. Health, social services, and parent involvement coordinators have information, resources and expertise that will support families in meeting their identified needs. Mental health consultants, speech therapists, and other agency specialists also have information and resources useful to home visitors and parents. The home visitor represents Head Start just as the parent represents the family. Together they design a plan for the family, check it regularly, make changes as necessary, and record progress.

Many agencies initiate **staffings** with home visitors, component coordinators, and other relevant agency staff when family action plans are begun. In this way, **component integration** becomes "set" in the agency's procedures for working with families. In a staffing, home visitors and other staff can:

- Discuss identified family strengths, interests, needs and goals
- Discuss ways to "weave" into the family action plan, needs that the home visitor has seen but that a family has not yet identified for themselves
- Assess availability of resources for home visitors to use in planning with families
- Assess ways to coordinate activities with other agencies that provide services to families
- Outline strategies for home visitors to suggest to families as they develop family action plans.

This staffing process should continue throughout the year as home visitors and families conduct activities to meet goals, assess progress, and determine new goals. (See **staffings**, p. 56.)

Strategies for completing the family action plan with parents includes the following:

- Begin developing the plan of action by discussing the first priority goals. These goals should include those that parents can accomplish in the near future, such as obtaining a driver's license. Long-term goals should also be included such as completing a community college certificate program.
- To reach each goal, identify small, easily attainable steps. The number of steps needed to achieve a goal will vary depending on the individual family, the available resources, and the nature of the goals.
- State who will be responsible for carrying out each step and note the date that these steps begin.
- Assist the parents to identify the resources and strengths they presently have that relate to accomplishing the step. Offer Head Start resources that directly relate to the goal and action steps. If the parents appear to need the help of an outside community agency in accomplishing the step, help them identify the most appropriate agency and list the pertinent information on the plan.

The plan of action will be completed for each goal in order of priority. The next chapter includes information regarding strategies for incorporating activities from the action plan into each home visit. As families accomplish goals, parents and home visitors can develop and initiate action steps to meet subsequent goals. A sample of family action plans may be found in Figures 2-5 through 2-8 (pages 45 through 47).

In summary, the goal of the ongoing family needs assessment process should lead to greater family self-sufficiency. The action taken in this process is rooted in the parents, guided by the

home visitor, and manifested in the increased capability of the family to meet its own needs. Each of the three steps described is necessary to meet this goal; eliminating any step can result in parents learning less.

A word of caution: It is not expected that home visitors, nor any other Head Start staff person, become diagnosticians regarding the serious problems affecting families today. It is also not expected that home visitors provide treatment for family members with problems of substance abuse, child abuse, or other areas for which specialists are required. It is expected that home visitors be informed sufficiently to identify problems, or potential problems, and to know the steps to take to help families solve their problems.

Child Screening

Screening is a fast and efficient process that helps to determine if children should be referred for further evaluation. It provides baseline information for determining if a child should be referred for an evaluation, and with some screening, a baseline for individualizing the program. In Head Start there are two different types of screening: health and developmental.

Health Screening

Head Start agencies provide health screening for all enrolled children. The guidance material that accompanies the Performance Standards recommend that health screenings be completed within 45 days after the child is enrolled or entered into the program. The health screening battery includes a growth assessment, vision testing, hearing testing, urinalysis, hematocrit, hemoglobin determination, tuberculin testing, other community-appropriate screenings such as, assessment of current immunization status, and a speech evaluation.

In most Head Start agencies, home visitors work with the health coordinator and parents to complete the screening of the enrolled children. Usually, trained professionals conduct the screenings: dental and physical exams are performed at clinics, health departments, or by private physicians; vision and hearing screenings are conducted by audiologists, speech therapists, or nurses. Some agencies provide training for home visitors and/or others to perform some of the screening tests. For example, home visitors and parents can conduct vision or hearing screenings in the home, using portable equipment. Home visitors and parents also can talk with children to prepare them for screenings, show them the symbols used for vision screening and teach the child to raise his or her hand when a sound is heard to prepare for hearing screening. Generally, the home visitors's role includes helping to prepare the child and family for screening and/or helping to arrange schedules and transportation. Most importantly, home visitors work with the health coordinator or other health staff and parents to interpret the data from the screening for planning follow-up activities, as appropriate.

FIGURE 2-5: FAMILY ACTION PLAN (FAP)

Family Name _____ Date _____

Goal _____ Goal Achievement Date _____

TIMETABLE

Action Steps	Person Responsible	Target Date	Action Initiation	Progress Review Date	Progress Review Finding

FIGURE 2-6: FAMILY'S ACTION PLAN

Family Name _____ County _____

Review your answers to questions on the FNA. Use the space below to list the areas you would like to work on this year for yourself and your family.	Develop Action Steps and Target Dates for Completion	Assessment (Date Completed)

FIGURE 2-7: INDIVIDUAL FAMILY PLAN

Parent(s) _____ Center _____

Child's Name _____ Family Advocate _____

Name	Expressed Need	Resource	Follow-Up/Outcome

(Adapted from Lakes and Pines CAC, Mora, MN)

FIGURE 2-8: FAMILY ASSESSMENT PLAN

FAMILY SUPPORT AND HEALTH			Topic/ Issue	High/Low Priority	Intro-duced	Reviewed	Attained
HEALTH:	__ Parent/child physical	__ Parent/child dental					
	__ Immunizations	__ Disability					
	__ Community Health Center	__ UVM Dental Clinic					
	__ CDC	__ Doctor					
	__ Well Child Clinic	__ Medicaid					
	__ VT Association for the Blind	__ WIC					
SUPPORT:	__ AIDS information	__ Family Planning					
	__ Mental Health Consultant	__ Family centers					
	__ Parents Anonymous	__ AA/Alanon/ACOA groups					
	__ Parents Assistance Line	__ Head Start					
	__ Singles groups	__ Marriage/family counseling					
SAFETY:	__ Mr. Yuk	__ First aid					
	__ Poison prevention	__ Personal Safety					
	__ Fire safety	__ Home/outdoor safety					
	__ CPR						
NUTRITION:	__ Head Start Nutrition Consultant	__ Extension Service					
	__ Nutrition Pyramid	__ Menu Planning					
	__ Food budgeting	__ Gardening					
	__ Food Commodities	__ Canning					
	__ Food stamps	__ Diet/weight control					
	__ Food shelf	__ EFNEP					

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(Adapted from Champlain Valley OEO, Burlington, VT)

In this way, the screenings become opportunities to involve parents in health education for the whole family.

Home visitors may discuss screening tests for other family members and assist parents with referrals and/or advocacy. Some families cannot afford adequate health care, and providers who are within the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program or who accept Medicaid or other public funding are not available. Under these circumstances, home visitors can request that their supervisors contact the local and/or State Commissioner of Public Health regarding this problem. They might also help parents to conduct this advocacy themselves.

In discussions of screening tests with parents, home visitors could provide anonymous/confidential information regarding contemporary health problems such as alcohol- and drug-related birth defects; prevalent infectious diseases, such as rubella and its effects on pregnant women and young children; acquired immune deficiency syndrome (AIDS); and transmission of human immunodeficiency virus (HIV). Home visitors should refer family members with concerns regarding HIV/AIDS and other diseases to local AIDS service organizations, public health clinics, or private health care providers for appropriate screenings, anonymous/confidential HIV antibody testing, counseling, or other services.

Developmental Screening

Developmental screening is "...a brief assessment procedure designed to identify children who, because of the risk of a possible learning problem or handicapping condition should proceed to a more intensive level of diagnostic assessment" (Meisels, 1989). Developmental screening also provides information that home visitors and parents can use to begin developing an individualized plan for a child. This screening process normally consists of multiple sources of information: health records, parental records of milestones, and the use of valid developmental screening instruments. Developmental screening generally covers the areas of language, cognition,

fine and gross motor skills, self-help, perception, and socio-emotional development. Developmental screening instruments are used to provide an overview of a child's skills. Such instruments, like any other single source of information, should be viewed as only one path to a more in-depth assessment (Meisels and Provence, 1989). Because screening tests normally are short, and because of the dynamic changes in development that occurs during the

early years, no single instrument can identify the range of potential developmental problems that can occur during the preschool years. A child's score on a screening instrument, and/or information from family members, home visitors, health care providers, or other agency personnel, could lead to a more in-depth (diagnostic) assessment for detecting learning problems or disabilities. (Of course enrolled children with diagnoses made in infancy or before entering Head Start, should receive annual developmental assessments and program planning without participating in a screening process.)

Developmental screening instruments are often standardized, norm-referenced tests. These formal screening instruments have been given to a large sample of individuals who accurately reflect the population for which the test was designed. Data collected from this sample provides the "norm" or "standard" for comparison of the child tested. One word of caution is necessary here: No score is exact. A child's performance can vary depending on a number of circumstances, such as how he or she feels at the time and how comfortable he or she is with the home visitor. Therefore, Head Start staff and parents should be careful about interpreting any score too rigidly: Always take into account the possibility of error.

A screening's first and most important benefit is the speed and ease with which it provides a specific and accurate approximation of the child's present functioning level. The outcome of the process should provide a profile identifying a child's areas of strength and need. This profile supplies a base from which home visitors and parents can begin developing weekly activities.

The following screening tools are among those often selected by Head Start staff to help profile children's development across domains:

- Carolina Developmental Profile
- Kaufman Preschool Scale
- McCarthy Scales of Children's Abilities
- Battelle Developmental Inventory
- R.I.D.E. Scale
- Denver Developmental Screening—new edition
- Early Screening Inventory

Most importantly, the screening process identifies children in need of further assessment. The home visitors' role in this process can consist of the following, as determined by their agency's procedures for screening and referral:

- Asking parents for information regarding their children's strengths and needs
- Identifying ways for parents to participate in screening tasks and supporting that participation
- Reinforcing parents and children during the screening process
- Administering screening instruments, and/or helping parents to administer them
- Participating in staffings with component coordinators and/or other agency specialists regarding children's screening results
- Working with parents to interpret screening results and preparing them for the next step in the process
- Referring children whose screening process results indicate a possible learning problem or disability, to the appropriate staff person.

Administering a Screening Instrument

When any screening or assessment is taking place, there needs to be an informal yet

productive atmosphere. Specific directions must be followed to ensure accurate results. Home visitors can use the following suggestions to create a successful experience and to obtain the most accurate results.

- FAMILIARIZE YOURSELF WITH THE INSTRUMENT. Practice administering the instrument a few times. Compile a kit that includes all the materials you will require for the session, including score sheets, and a manual. Decide before you arrive at the home how you will begin.

- ORGANIZE THE MATERIALS YOU WILL NEED to do the screening. Know what you will need to evaluate each item.

- EXPLAIN THE PURPOSE of the screening tool and how the information will be used. Tell the parents the process will help identify the child's strengths and needs, will help you get to know the child, and will help the parents and you, as a team, to plan activities. Explain that you will be asking the child to do a series of activities. Some are skills that the child has been able to do for a long time; the child may not do others for some time to come, but this range provides clues as to where teaching should start.

- ENCOURAGE THE PARENTS' PARTICIPATION. Tell the parents that because they know their child better than you ever will, you will need their input regarding what the child can or cannot do. You might say, "Is this what you would normally expect her to do?" or "How does he usually do this for you?"

- BE POSITIVE WITH THE PARENTS. Help them feel good about what has already been accomplished with their child. Point out a couple of current skills and discuss them with the parents.

- BE POSITIVE WITH THE CHILD. Try to make the situation fun. You might even say, "We're going to play some games now." Or, let the child know the importance of the situation by saying, "We have some

important work to do." Encourage the child as much as possible, especially if the skills are difficult. Making the time exciting will ensure his or her attention throughout the screening. If the child is comfortable and enjoying the activities, the responses will reflect more accurately his or her ability.

- AVOID TESTING THE PARENTS. It's best to try every item with the child. If you need to ask the parent if the child can perform a specific task, ask after the child has attempted it. When interviewing the parents on any of the items, ask open-ended questions—questions that require descriptions rather than yes or no answers.

- FOLLOW THE SCREENING INSTRUMENT DIRECTIONS FOR GIVING CUES TO CHILDREN. You are interested in learning what the child can do without help (unless

specified in the directions). It's natural to look at the item or picture you've asked the child to point to or to pull your hand away when the child has given you a correct number of blocks. Avoid giving these clues by looking at the child instead of at the materials.

- CORRECTIONS SHOULD BE AVOIDED. Avoid letting the child know if he or she has responded incorrectly. This will help keep the child motivated. This is not a time for teaching but a time for determining what the child can and cannot do.

- REINFORCEMENT SHOULD BE MINIMAL. You will want to encourage the child to keep working. However, if you reinforce the child's correct responses and then do not acknowledge the incorrect responses, the child will sense the difference. Instead of reinforcing specific responses, comment on the manner in which the child is completing the task: "You're really working hard," or "I like the way you're trying."

- BE AWARE OF ENVIRONMENTAL FACTORS. Are there an unusual number of distractions? What time of the day is the screening device administered? Is it the child's normal nap time? What is the length of the session? Does the child become fatigued? Try to choose an optimum time to conduct the screening.

Finally, remember that practice is very important! As you administer the instrument with more children, you will become more comfortable using it.

Following these few suggestions will help to ensure a successful and productive session and will provide home visitors and parents with a large amount of information about the child. The ideal screening tool is easily administered, takes little time, can provide a profile of developmental areas, and identifies children with potential disabilities.

Developmental Assessment

Following the health screening and developmental screening is a developmental assessment. This begins with an analysis of the child's profile from the developmental screening and provides additional information about the child that will help in planning a program to meet his or her individual needs. Developmental assessments are conducted soon after the child enters the program and are continued on an ongoing basis. They are essential for individualizing the program for children in a way that builds on each child's strengths and interests and meets his or her specific needs. Home visitors and parents use the information they obtain from this assessment process to plan activities for home visits, during the week, and for group socialization activities.

Developmental assessment involves regular systematic observation and documentation of what a child does and says. The assessment should be complete—addressing all areas of child growth and development, as well as including children's activities indoors, outdoors, as they eat, and as they go to sleep and wake up. The areas of child development normally addressed in the assessment process are:

- Fine and gross motor development
- Self-help skills
- Language development
- Cognitive development
- Creativity
- Self-discipline
- Self-concept
- Social development.

Home visitors use a variety of methods to

conduct ongoing developmental assessments. As with other elements of the Home-Based Program Option, parents are involved throughout this process. Home visitors work with parents to obtain information from them about their children's developmental status and to include them in observation and documentation procedures. Examples of developmental assessment instruments used in Head Start include:

- The Hawaii Early Learning Profile
- The Brigance Inventory of Early Development
- The Portage Guide to Early Development
- The Head Start Measures Battery
- The Learning Accomplishment Profile
- The Battelle Developmental Inventory
- The Parents as Teachers Curriculum Assessment Guide

In addition to instruments, some appropriate strategies that home visitors and parents can use to conduct ongoing assessments include the following:

- **Discussing and recording information** about a child's strengths, interests, and needs that parents provide, as well as information about recent family history

- Using a **behavioral checklist** that charts a child's progress, developed from the goals and objectives for child growth and development adopted by the Head Start agency

- **Observation** of the child's behavior when playing with materials, interacting with other children and adults, and joining in activities, in the home, outdoors, and during group socialization activities; these observations are documented as anecdotal records in an objective, systematic way

- **Collections over time of a child's work** (a portfolio), such as crayon drawings, paintings photographs/sketches of block constructions, and other representations of his or her progress

- Planning and conducting **special activities** to assess a child's abilities in a certain area, particularly when opportunities to observe certain skills have not occurred (e.g., asking a child to tell you about his clothes as he sorts laundry to determine whether he notices differences and if he knows the names of shapes and colors).

Most Head Start agencies prescribe the assessment procedures that staff and parents employ. Home visitors can help parents understand the purposes of each assessment strategy and assess their abilities in using checklists and anecdotal record keeping techniques, collecting appropriate representations of children's work, and planning and conducting special assessment activities. Conducting assessments, and using the information obtained, can become an activity for home visits early in the program year and throughout the year.

The two assessment strategies that often cause difficulty for home visitors and parents are the use of behavioral checklists and anecdotal record keeping. These are described in the next sections. Home visitors can help parents to use these assessment strategies with their children. For training and support in helping parents to conduct assessment activities, home visitors should contact their supervisors.

Behavioral Checklists

A behavioral checklist provides a guide for observing the child perform tasks across several developmental areas. Completion of the checklist:

- Determines what tasks the child can and cannot do
- Reveals what skills are emerging or will naturally be learned next
- Helps to determine what tasks the child should begin.

Behavioral checklists should not be substituted for individualized programming. Checklists are only a **guide** to help evaluate the child's needs and track his or her performance over time. The items on the checklist serve as a guide but should not be considered the only necessary or worthwhile teaching objectives.

There are some potential dangers in using a behavioral checklist. To avoid these dangers, home visitors should follow the chart described in Figure 2-9 (pp. 54 and 55). Many of the tips are useful with other assessment strategies, as well.

Anecdotal Records

Anecdotal records involve observing children carefully and systematically: watching, listening, and writing down what children do and say as it is happening. One observation—one anecdotal record—cannot provide all the information needed to assess a child's developmental status. A series of brief (five- to ten-minute) observations, recorded throughout the day/evening, over the course of the year, provides home visitors, parents, and others (e.g., component coordinators) information to plan for a child.

To be complete, recordings for each child must include the following:

- Observer's name (parent, home visitor, other staff or family member)
- Date of the observation and time of day
- The setting (living room, outdoors, group socialization activity)
- The behavior (what the child does and says)

Many Head Start agencies use a standard format for recording observations. A recording card might look like the one in Figure 2-10.

After home visitors and parents have collected and reviewed several observations, they can make more specific observations about a child, such as:

- "Jane can make enclosures, bridges, and designs with the milk carton blocks."
- "Luis likes to sort his bottle cap collection by size. He seems to ignore color as a variable for grouping."
- "LaJuan likes to include her brother Tony in her play, but rarely joins in play activities with other children."
- "Matthew recognizes his first and last name

FIGURE 2-9: USE OF BEHAVIORAL CHECKLISTS

COMPLETE THE CHECKLIST CORRECTLY.

Do:	*Avoid:*
• View the checklist as a tool in planning children's activities.	• Viewing the checklist as a "test" and trying to make the child "look good."
• Use a consistent definition of the expected behavior.	• Two people completing a checklist, using different determinations for whether a child exhibits a skill or not.
• Rely on direct observation of the child.	• Assuming that a child has exhibited a skill.

ASSESS SKILLS THROUGH CHILD'S REGULAR ACTIVITIES.

Do:	*Avoid:*
• Target a skill for a child to learn after assessing his or her learning style and interest in various materials.	• Using the suggested materials and activities that accompany a checklist to teach the skill.
• Individualize activities that include skills to be assessed based on each child's interests and strengths.	• Using the same activities for all children.

USE BEHAVIORAL CHECKLISTS FOR PLANNING FOR EACH CHILD.

Do:	*Avoid:*
• Select skills for teaching the child that are unique for each child; break down checklist items into smaller, teachable steps.	• Using behavioral checklists for planning for each child.

TARGET SKILLS IN ALL AREAS FOR EACH CHILD.

Do:	*Avoid:*
• Select skills from the physical, cognitive and socio-emotional areas.	• Selecting only cognitive skills.
• Select skills to enhance child's strengths as well as eliminate needs.	• Selecting only deficits.
• Request input from parents, component coordinators, and other specialists regarding skills to target for each child.	• Limiting targeted behavior only to skills you are comfortable teaching.

(FIGURE 2-9, continued)

USE DEVELOPMENTALLY APPROPRIATE PRACTICES TO CONDUCT ASSESSMENT AND PLANNING.

Do:	*Avoid:*
• Focus on skills that normally occur when children direct their own play activities, such as grouping things that are the same, building with blocks, scribbling with crayons.	• Testing children's rote memorization of letters, numerals, shapes, or colors—do not put unjustified emphasis on "kindergarten readiness skills."

PLAN FOR GENERALIZATION AND MAINTENANCE.

Do:	*Avoid:*
• View checklist skills as representative of skills that a child should acquire. • Plan activities that allow a child to use a skill in a variety of ways and situations.	• Viewing checklist skills as the only skills a child needs to acquire. • Planning activities only to assess the skill specified on the checklist.

FIGURE 2-10: SAMPLE OBSERVATION FORM

Date _____

Child _____ Observer _____ Time _____

Setting _____

_____

Behavior _____

_____

when printed in upper and lower letters. He also calls out the names of words he sees on our neighborhood walks, like 'Stop,' 'McDonald's,' and 'School'."

Home visitors and parents can draw such conclusions when their anecdotal records are **objective, accurate**, and **complete**. Objective recordings include only the facts about what a child does and says—no judgments or labels are written, such as "Luis isn't smart enough to know his colors" or "LaJuan is anti-social."

Accurate recordings include all the facts about what a child does and says, in the order they occur. No information is omitted nor recorded out of order.

Complete recordings include all the information that the reader needs to get a picture of what is happening: who the recording is about, where the child was, who else was involved, and when the recording was made.

Many Head Start agencies develop or purchase an assessment form on which home visitors and parents can record the skills that each child has demonstrated through developmental screening and through the ongoing developmental assessment process. It is also a good practice to record goals, objectives, and suggested home and group socialization activities: completing a child development profile. Home visitors and parents use this information for completing home visit weekly plans. (This will be discussed further in Chapter Three.)

As with the family needs assessment and children's developmental screening information, it is a good practice for home visitors, component coordinators, and other agency specialists to conduct **staffings** regarding children's ongoing assessments. At least three times a year (after the initial assessment, mid-year, and toward the end of the child's Head Start enrollment), the staff team can review each child's developmental status and identify goals, objectives, and activities to help each child progress. The same staffing sessions can be used to review the status of each family and child along with next steps, timelines and persons responsible. Home visitors then can share this information with parents during home visits as they plan individualized programs for children.

One final word: Completing developmental assessments can be a difficult, complex activity. Home visitors should seek clarification and support from their supervisors, when needed, to ensure that the appropriate information about each child is "captured" for use in planning an individualized program.

Completing these beginning processes—recruiting families, making the first home visits, orienting families to the Home-Based Program Option, initiating screening and assessment, and participating in the first staffings with other staff—allows home visitors and parents to start off their relationship on the right foot. The next chapter continues this process: planning individualized home visits and group socialization activities.

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Chapter Three

Planning Individualized Home Visits and Group Socialization Activities

This chapter focuses on strategies for home visitors to use as they plan and evaluate individualized home visits and group socialization activities with the parents involved. It will answer many of your questions regarding:

- The developmental nature of home visits
- The structure of the home visit
- The purpose of group socialization
- The various settings in which group socialization might occur
- Planning the home visit and group socialization activities

THE DEVELOPMENTAL NATURE OF HOME VISITS

Parents whose children are enrolled in a Head Start program and served by the Home-Based Program Option receive all of the Head Start services. One of the ways these services are provided is through weekly home visits. The other ways include being participants in group experiences such as group socialization activities, training sessions, parent meetings, and policy council. Home visits help parents improve their parenting skills and assist them in using the home and the family's daily routines and practices as the child's primary learning environment.

All families are different—they come into the program at different stages and progress at different paces. The roles of both the home visitor and the parents undergo continuous changes throughout the year. Some parents will feel comfortable right from the start with playing a major role in planning, conducting, and evaluating home visit activities. Other parents may need a lot of direction from the home visitor on how to work and play with their child and what to teach their child. As the year progresses, and the parents' self-confidence and knowledge grows, the direction needed will lessen. Home visitors need to identify early in the year where their parents are in this process and work with them accordingly, always providing individualized support and encouragement.

A careful review of the sections on "The Role of the Home Visitor" and "Developing Partnerships with Parents" in Chapter One will be helpful to home visitors as they prepare to:

- Orient parents to the philosophy and purpose of the home-based program
- Work with families to develop positive self-esteem
- Listen carefully to parents' messages
- Show acceptance of family values
- Build a two-way communication system with parents, and

- Observe carefully and unobtrusively.

THE ELEMENTS OF THE HOME VISIT

The atmosphere and content of a home visit is complex and involved. There is a world of difference between visiting a home and making a home visit.*

The purpose of the home visit is to assist parents to foster the development of their children while meeting the special needs of the family. The home visitors are there as professionals, and yet they need to establish and maintain a close, open, and honest relationship with the parents. Parents who have previously participated in the home-based program have described a good home visit as follows:

- Friendly, with a real feeling of doing something together
- Informal and relaxed
- Exciting, interesting, and fun
- Organized, but also flexible in order to meet the needs of the family
- Of value to the family—have relevant information and make use of inexpensive materials that are available to the family
- Handled by a home visitor responsive to the needs and interests of the family.

Successful home visits are all of the above and more. It is important for home visitors to remember that the main goal of the Home-Based Program Option is always to build confidence and independence within the parents as the primary educators of their children.

Because the home visit is designed to be a learning experience for both the parents and child, this section will look at how the home visitor can foster the strengths and skills of the parents, the development of the child, and the relationship between the two. There are several elements that need to be included in home visits to make them positive experiences for everyone involved.

Figure 3-1 puts the home visit in perspective. Each home visit is designed to include specific elements that are described in Figure 3-1.

While all the elements need to be included, the order and time spent on each varies depending upon the family's plan, the home visitor, the family situation, activities planned, and unexpected needs that arise.

Home visitors should realize that a rigid schedule is not necessary. Elements are not always distinctly divided but are sometimes incorporated, and each home visitor and family has a preference for how to include them. However, consistently using all the elements does form a pattern. As families grow accustomed to the elements and know what to expect, home visitors should:

- Keep on task
- Provide organization
- Keep the focus on the parent
- Encourage the best use of time.

*This section adapted from Spackman, Mary Ellen. *Building Families: A Training Manual for Home-Based Head Start*. Logan, UT: Home Start Training Center, 1985.

FIGURE 3-1: ELEMENTS OF A HOME VISIT

Activity	*Purpose*
Warm and Positive Greeting	To focus attention on the parents
	To create a warm, enthusiastic environment
Follow-Up/Review	To review parents' and children's activities of the past week
	To reinforce family's accomplishments
Focus on Family Issues	To share program and community announcements and information (enhances parents' awareness of and participation in program and community events)
	To share program component information
	To guide the family in meeting identified needs
Parent/Child Interaction Activities	To encourage positive interaction
	To provide the opportunity for learning experiences
	To generalize and expands skills
	To present component information geared for child
	To reinforce the parent as primary educator of child
Co-Planning	To involve parents in selecting appropriate activities for next visit
	After discussion, to encourage parents to choose follow-through activities
Evaluation	To involve parents in assessing how the activities went (what was learned, what could be improved)

Flexibility is the key. The Home-Based Program Option is successful because home visitors help parents enhance the development of their children. The parents can provide the child continuous learning experiences. Every parent/child interaction is a potential learning experience, including group socialization activities.

PURPOSE OF GROUP SOCIALIZATION ACTIVITIES

Group socialization activities must be focused on both parents and children. As with the content of the home visits, home visitors plan, conduct and evaluate group socialization activities with parents, never caregivers and never with children only.

For parents, the activities are designed to demonstrate how children, other than their own, learn in a group. Parents begin to see and understand differences in development as they watch the children play together. The parents become good observers if they are directed to watch certain activities, behaviors, or specific relationships for part of the time. For the rest of the time, they should be asked to help supervise the group. In this way they learn how to read stories to a small group or to help with block building, table toys, or other activities designed to foster social interaction among children. At home, parents know how their children act. The group activities allow them to learn how their child behaves in a group.

The parents can observe how the other parents perform as helpers with the home visitor and try their own skills. This opportunity can provide much food for thought and discussion for the next home visit. During group socialization activities, the home visitor is the teacher of the children with the parents alternating during each session as helpers or observers. To help parents, we suggest that directions for both tasks be written out in advance.

For the reasons described above, if a parent can not participate on occasion (such as a new baby) another family member living in the home may participate.

SETTINGS FOR GROUP SOCIALIZATION ACTIVITIES

Agencies can arrange for group socialization activities in a variety of locations. Possibilities include parents' homes, community facilities (such as libraries, churches, community rooms, senior citizen's centers, and Head Start facilities), outdoor facilities (such as parks and playgrounds), and field trip sites. Parents' homes can serve as group socialization sites only if parents volunteer their homes and are involved in the planning process. Home size and safety must be considered. Group socialization activities should take place in safe, healthy environments. They should meet fire and safety codes or be licensed. Safety of the group is a major concern of the home visitor.

SCHEDULING REGULAR GROUP SOCIALIZATION ACTIVITIES

Two group socialization activities per month should be planned. The length of times varies according to the activities planned; however, two to three hours should provide opportunity for both educational activities and a snack or meal. Home visitors need to schedule these sessions in a way that allows them adequate time for planning and conducting home visits, record keeping, and carrying out their other duties.

Careful planning and implementation of each element of the home visits and group socialization results in activities that incorporate

all the screening and assessment information available on a child and family, and that encourages the parent to continue and expand the activities. The following sections discuss in further detail methods and strategies home visitors and parents can utilize when planning home visits and group socialization activities.

PLANNING THE HOME VISIT

Planning the home visit begins with information identified during the assessment. The parents and home visitor can begin with the three types of assessments discussed in Chapter Two:

- The family needs assessment and family action plan
- The children's health and developmental screenings, and
- The ongoing developmental assessment of the children.

Parents and home visitors use the information they obtain from this assessment/evaluation process to individualize the program for the child and family and to plan activities for home visits, during the week, and for group socialization activities, specifically with the families' goals and objectives in mind. Ideas for these activities come from many sources: the parents, home visitor, component coordinators, other home visitors, and/or resource materials such as preschool education publications.

Planning for Children

Planning for children should be developmentally appropriate. The activities that are designed and planned by parents and home visitors need to be developmentally appropriate. The home visitor is expected to suggest activities that are challenging, yet allow the child to succeed more often than not. The concept of developmental appropriateness has two aspects: age appropriateness and individual appropriateness.*

- **Age appropriateness**. Human development research shows that there are universal, predictable sequences of growth and change that occur in children during the first nine years of life. These changes occur in all areas of development—physical, emotional, social, and cognitive. Home visitors should familiarize themselves with this information of typical development, and in turn, share this information and knowledge with parents. Parents and home visitors can then plan appropriate learning experiences for the child. The education coordinator can be helpful in reviewing plans and suggesting a variety of such activities.

- **Individual appropriateness**. Parents and home visitors should understand that each child is a unique person with an individual pattern and timing of growth, as well as individual personality, learning style, and family background. The activities planned by parents and home visitors as well as their interactions with the children should be responsive to these differences. Learning in young children is the result of interaction between the child's thoughts and experiences with materials, ideas, and people. These learning experiences should match the child's developing abilities, while also challenging the child's interest and understanding.

*This section is adapted from Bredekamp, S. *Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8*. Washington, DC: National Association for the Education of Young Children, 1987.

Home visitors and parents need to understand that children's play is essential for a child's mental growth, and also serves important roles in a child's physical, emotional, and social development. Therefore, child-initiated, child-directed, parent/home visitor-supported play is an essential component of home visits, between visits, and during group socialization activities.

If the home visitor and parents share a concern about the appropriateness of an activity, the home visitor can get help from the home-base supervisor or education coordinator and relay the information to the parents.

The following are examples of developmentally appropriate practices home visitors and parents should provide for three- and four-year-olds during home visits, at group socialization, and during daily routines and practices in the home:

Three-Year-Olds

- Support and encourage play and developing independence. Allow them to do as much for themselves as they can and want to do—help only **when needed**.

- Provide opportunities for children to demonstrate and practice **self-help skills** and their desire to help adults, e.g., dressing and undressing, toileting, feeding themselves (including pouring milk and setting the table), brushing teeth, washing hands, and helping pick up toys. Be patient with accidents and unfinished "jobs."

- Provide lots of space, time, and opportunities indoors and outdoors for children to explore and exercise their **large muscle skills** such as running, jumping, riding, throwing and catching. Be close by to help as needed.

- Provide opportunities for children to develop **fine muscle skills**, preferably using materials found around the home. These might include collections, such as bottle caps, large buttons, rocks or shells; old playing cards or greeting cards; old magazines and homemade play dough; art materials such as pencils, crayons, markers, paint, paste, and blunt scissors. Let children explore and be creative. Ask them to tell you about their activities, but avoid asking, "What is it?"

- Provide time and a variety of materials for children to **explore** and learn about the environment as well as exercise their curiosity and experiment with cause and effect relationships. Activities might include blocks (that they line up first and later may build things with); dramatic play props (for playing animals, work and family roles, acting out stories); sand and/or water with containers or other tools for pouring, scooping, and measuring; toys that open, close, and can be

taken apart; and activities like blowing bubbles, flying kites, or planting seeds.

- Provide many opportunities for children to explore and develop their **language and musical** abilities. Read books, recite simple poems, nursery rhymes, and finger plays with the children; encourage them to listen to and sing songs; encourage use of simple rhythm instruments (including making them out of material found in the home); and encourage children to tell stories. Encourage parents to write down the children's stories.

Four-Year-Olds

- Offer activities that are conducive to **group play.**

- Encourage and allow children to select many of their own activities. Provide choices. Four-year-olds will continue to play with the same material as threes, but in different ways .

- Provide children with many opportunities to develop **social skills** such as cooperating and helping. Help them solve interpersonal problems by talking with the person involved.

- Provide an abundance of activities and opportunities to develop the children's **literacy and language** through meaningful experiences: hearing stories and poems; going on field trips; telling stories; seeing print in use (posters, magazines, books); participating in dramatic play; drawing, copying, and inventing their own words.

- Provide opportunities and activities that allow for and encourage math, science, social studies, health, and **other content areas** such as: building with blocks; measuring sand, water, or ingredients for cooking; going for walks and observing changes in the environment; sorting objects; exploring animals, plants and water; singing and listening to a variety of music; and drawing, painting, and modeling with play dough or clay.

- Provide children with daily opportunities to develop **small muscle skills** through play activities such as peg boards, puzzles, drawing, cutting and pasting, and sorting objects into empty egg cartons.

- Provide children with daily opportunities to use **large muscles**, such as running, jumping, and balancing. Outdoor activities allow children to develop and exercise their large muscle skills, explore the outdoor environment, and express themselves loudly and freely.

For additional information on developmentally appropriate activities refer to *Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8.*

Planning for Parents

As home visitors support and assist the families in the planning, implementing, and evaluating process, they must understand the *Head Start Program Performance Standards.* Additionally, the home visitors must help parents understand what is required in order for them to work as a team. (See Chapter One for a discussion of the *Head Start Program Performance Standards.*) Some of the Performance Standards objectives call for agencies to provide services *when needed*, others call for services to be provided to *all* families and children. Home visitors and parents together select long- and short-range goals to determine *how*, *when*, and to *what extent* these services are provided, and plan activities based on the interests, strengths, and needs of the individual families.

One program goal for all families is to promote self-sufficiency in meeting their own needs. Home visitors can assist by informing families of community resources and assisting them in contacting other agencies, as appropriate. Therefore, another source of information for planning is the agency community resources directory.

The next section, Co-Planning, discusses how and why home visitors plan each week's home visit activities together with parents—how co-planning encourages parents' involvement on each home visit.

Co-Planning

Home visitors should involve parents in planning from the beginning. There are two types of planning during the visit: planning family follow-through activities for the week based on information from the present visit and planning for future home visits. Through co-planning, parents gain skill in setting appropriate expectations for their children and themselves. It is very important that the results of this planning be formal written plans, accepted and agreed to by both the parents and the home visitor. It is beneficial to prepare the plans in multiple copies so that the parent and the home visitor have identical copies of the plan. Written plans lead to a clearer understanding of the plan and when both parents and home visitor have identical copies, review of plan effectiveness is easier. Sample forms to be used in co-planning are found in Figure 3-8, page 71 for the **home visit plan** and in Figure 5-1, page 94, for parent/home visitor weekly plan that includes a section for follow-through activities. Including parents in planning tends to increase their commitment to participating in activities and carrying out activities between visits.

The following section provides an overview of the planning that takes place to prepare for the next home visit. Planning follow-through activities is discussed in Chapter Five.

Planning the Home Visit

Each week, home visitors and parents should review the family action plan, child's developmental profile, and other information about the child and other family members' strengths, interests, and needs. At the end of the weekly home visit, they plan activities for parents and children to complete during the week and plan for the next home visit. Home visit plans must, over the course of a month, contain elements of **all** Head Start components, *i.e.*, health; including mental, dental, and nutrition; social services; parent involvement; and education. How, when, and to what extent each of the components is addressed depends on the strengths, interests, and needs identified by the family. One activity might contain elements of several or all of the components.

Activities related to the goals on the family action plan may include:

- Discussion of component information with the home visitor
- Discussion of child development information
- Contacting community resources and/or facilities for appointments/information
- Sharing program information.

If materials are involved, the home visitor and parents can determine who will provide them. They should make sure that all materials needed for carrying out the activities will be available. As goals are accomplished through these weekly activities, parents may identify additional needs and interests.

To assist in the planning process, home visitors may discuss family goals and suggested activities with their supervisors, component coordinators, and resource staff individually or during staffings. Home visitors then will have information to share with parents during home visits.

Figures **3-2 through 3-4** illustrate a process that the parents and home visitors might follow as they plan home visit activities focused on **family issues**. (Note—this is not a suggested home visit plan format, it is a process.) Some of these sample activities contain elements of more than one component.

Activities that the parents and home visitors plan for the parent/child segment of the visit can either introduce new concepts and skills to the child, or allow for expansion and generalization of concepts and skills the child already knows. By referring to the child's developmental profile, home visitors and parents can select appropriate activities for the child. When parents and home visitors are planning these activities, they should consider the interests of the child and the availability of necessary materials.

Figures **3-5 through 3-7** illustrate **sample parent/child activities** planned using the process mentioned previously. Again, note that an activity may contain elements of more than one component.

It is important that learning takes place across all developmental areas. If parents have difficulty selecting skills and/or activities, home visitors might make several suggestions from which the parents can choose. Home visitors and parents should remember that developmental profiles are by no means complete—parents may suggest skills not on the profile that are important to them.

After skills have been selected, home visitors and parents can, if necessary, break each skill into small steps so that the child will be able to see accomplishment quickly. The involvement parents have in breaking down the skills will increase as they become more familiar with the process. Home visitors should encourage parents in selecting subskills to work on and strategies and appropriate materials to use. New

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FIGURE 3-2: FAMILY ISSUE ACTIVITY

Primary Component Area: Social Services

Topic: Obtaining a Driver's License

Purpose: For parent to obtain driver's license so she can drive to GED classes. Once she has her GED, she plans to attend classes to become a teacher of sign language.

Parent Preparation: Contact local Department of Motor Vehicles to determine how to obtain a learner's permit, the hours during which they take applications for learner's permits, what information she needs to have with her when she goes, and make an appointment, if that is necessary.

Home Visitor Preparation: None

Home Visit Activity: Parent and home visitor will discuss information she has received. Assess whether the parent has all information needed to apply. Discuss parent's need for transportation assistance, if applicable.

FIGURE 3-3: FAMILY ISSUE ACTIVITY

Primary Component Area: Physical Health

Topic: Immunizations

Purpose: Review enrolled child's immunization status. Discuss immunizations for other family members.

Parent Preparation: Review medical records for their children. Contact local health clinic to determine times for scheduling appointments.

Home Visitor Preparation: Review medical records for enrolled child and medical information for other children. Discuss immunization schedule with health coordinator.

Home Visit Activity: Parents and home visitor review medical records to determine what shots the focal child has received and those he or she needs to receive. Discuss parents' need for assistance in scheduling any clinic visits. Also, discuss infant's beginning immunizations and school-age child's booster shots.

FIGURE 3-4: FAMILY ISSUE ACTIVITY

Primary Component Area: Parent Involvement, Health-Safety, Education

Topic: Future group socialization activity for four children and their parents in parent's home.

Purpose: Plan for the group socialization activities.

Parent Preparation: Assess home environment for safety issues for children in group settings. Assess available materials in the home for different activities, such as cardboard boxes, kitchen utensils, picture books or magazines. Gather materials to make musical instruments, such as empty oatmeal boxes, empty coffee cans, toilet paper or paper towel rolls, sticks or pencils (for drumsticks).

Assess the outside environment for outdoor activities such as nature walks, jumping, running, hopping. Think of ways to use the floor and other spaces in the home for play. Think about how they would like other parents as well as the home visitor to assist.

Home Visitor Preparation: Discuss with Health Coordinator safety issues to share with parents regarding children in group settings. Discuss with Nutrition Coordinator arrangements for snack/meal. Gather materials to make musical instruments.

Home Visit Activity: Parents and home visitor will assess and address the home environment, both inside and outside, for safety issues regarding a group of four children and the parents in their home. Plan the group socialization activities. Make musical instruments with materials available.

FIGURE 3-5: PARENT/CHILD ACTIVITY

Primary Component Area: Education—small motor and cognitive development

Activity: Sorting bottle caps and container lids.

Purpose: Develop and strengthen abstract concepts, such as seriation and classification as well as small motor skills.

Parent Preparation: Gather and collect different types, shapes, sizes, and textures of bottle caps and container lids and other appropriate materials for sorting.

Home Visitor Preparation: Gather and collect different types, shapes, sizes, and textures of bottle caps and container lids. Make sure the parent understands the reason or significance of the activity.

Home Visit Activity: Sort caps according to shape, size, texture. Child can sort into piles or into sections of an empty egg carton. Parents assist as needed and allow and encourage the child to be creative in the sorting, e.g., child may want to "build" with the caps or make designs. Home visitor supports and encourages parents as needed.

FIGURE 3-6: PARENT/CHILD ACTIVITY

Primary Component Area: Health—Nutrition and Education

Activity: Making vegetable salad (lettuce, carrots, celery, radishes, and cheese).

Purpose: To share nutrition education with the family.

Parent Preparation: Gather kitchen utensils needed, grater, large mixing bowl, and carrot peeler. Have lettuce, celery, radishes, and carrots available.

Home Visitor Preparation: Bring cheese and other items as determined in plan.

Home Visit Activity: Make a vegetable salad with focal child and include siblings. Parents and children will wash the lettuce, radishes, and celery. The two-year-old will tear the lettuce into pieces. The focal child (four years old) will grate the cheese and peel the carrots. The seven-year-old will cut the carrots, celery, and radishes into pieces. Parents will assist as needed. Home visitor will encourage and support parents and provide examples of questions that lead to more than one answer, such as: tell me what..., do you think...? I wonder...? what would happen if...?

FIGURE 3-7: PARENT/CHILD ACTIVITY

Primary Component Areas: Education, Health—Physical and Mental

Activity: Neighborhood Walk

Purpose: Explore the outside environment. Listen to the different sounds. Notice and talk about the different things you see and hear in the environment.

Parent Preparation: Assess neighborhood and decide where the safest and most stimulating areas are to walk. Collect things you may want to take along in the walk, e.g., bags to collect things in. Have rain gear ready if necessary.

Home Visitor Preparation: Borrow bird, flower, and plant books from the library. Show the parent what pictures and information pertain to the walk they are planning.

Home Visit Activity: Listen to the different sounds in the environment and talk about them and/or imitate them. Look for different things in the environment and talk about them; e.g., animals, flowers, trucks, cars, shadows, buildings, barns, ponds, mud puddles, gardens, stores, and so on. Collect things along the way and put into the bag. Run, jump, hop. Practice crossing the street or road safely.

skills might also be selected from skills the child and parent worked on previously, but the child was not able to accomplish.

Home visit activities may either introduce or reinforce concepts and skills that are included in group socialization activities.

All of the information for the next week's home visit—activities, materials, and person responsible, should be recorded on a blank **home visit plan**. This will provide a reminder for both the parents and home visitor as they prepare between this visit and next week's (see Figure 3-8 for an example of a home visit plan). The goal is for parents to plan the home visit. Some parents at the start of the year will prefer just discussing the plan and signing it after the home visitor records the information. These parents may feel more comfortable later in the year and do the writing themselves. Other parents will wish to record the plan beginning with the first home visit. Parents with low literacy skills may never feel comfortable writing the plan. Whatever the parents' plan-writing skills or interests, the emphasis is on parents planning with home visitors.

Some questions parents and home visitors should consider while they are planning the next home visit include:

- Are the objectives of the activities clear to each person?
- Do the activities reflect and address the families' expressed strengths, interests and needs?
- Are the activities simply written and easily understood?
- Is a variety of activities included (enough to be challenging, but not overwhelming)?
- Are parent/child activities age-appropriate? Are variations included, so that the activity may be adapted for other siblings?
- Are materials for the suggested activities accessible within families' homes?
- Do some of the activities encourage creativity?
- Are multiple components included?
- Do the parent/child activities develop sequentially—from simple to complex?

The next section discusses in further detail methods and strategies home visitors and parents can utilize when planning group socialization activities.

PLANNING GROUP SOCIALIZATION ACTIVITIES

Good planning is the key to success in group socialization activities, just as it is for home visits or any other type of Head Start experience. Activities planned for group socialization should meet the requirements of developmentally appropriate practice, be focused on group rather than individual activity, and incorporate some of the things the parents want for their children. As with home visits, parents need to be actively involved in the planning, implementation, and evaluation of group socialization. Planning can take place during home visits and/or parent meetings. Parents and home visitors should clarify the roles and responsibilities for each adult participating in the activities. The more parents are involved in the planning process, and the more input they have into the activities, the more actively involved they will be in the experiences themselves. Home visitors might need the support of their supervisors and other Head Start staff to help parents understand the purpose of group socialization and to help them participate fully.

FIGURE 3-8: HOME VISIT PLAN

Family _____ Date _____

Home Visitor _____ Time Started _____ Time Ended _____

PI SS H ED	What is to be accomplished? (objective)	Activity (discussion, game, song, etc.)	Materials and person responsible	What was accomplished? (assessment)

PI = Parent Involvement SS = Social Service
H = Health ED = Education
(See Figure 5-1 for Parent/Home Visitor Weekly Plan form that includes a section for follow-through activities)

Parent's Signature _____

(Adapted from Franklin County Head Start, Chambersburg, PA)

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When planning group socialization, parents and home visitors have multiple tools available to them that provide information about the individual children and families, such as the family needs assessments, family action plans, children's developmental profiles and home visit activities (while maintaining confidentiality when planning with a group of parents). Parents and home visitors should use this information so that group socialization activities reflect and address each child's and family's individualized plans. Coordinating group socialization with home visit activities is important, as it allows for consistency, follow-up, and reinforcement. Emphasis should be placed on planning activities that promote cooperation and social skills among children, as well as providing experiences that are not included on a regular home visits.

When planning for group socialization, parents and home visitors also should refer to the sections of the *Head Start Program Performance Standards* that address adults and children in group settings, including education, safety, and nutrition.

Home visitors should identify strategies that facilitate parents' attendance and participation when planning for group socialization. These strategies can include:

- Informing parents during recruitment and initial home visits that participation in group socialization is a requirement of the Home-Based Program Option **for all parents and children**

- Inviting each parent individually to participate in group socialization, describing the importance of the parent's role and the types of things parents can discover about their children as they observe their interactions

- Planning group socialization activities for parents with the help of supervisors, component coordinators, and other home visitors

- Planning for parent/child transportation to group socialization activities

Some agencies use Head Start-owned vans to transport children and families. Some contract with city or county transportation systems. Others ask parents to transport their own children and may help parents to form car pools. Other agencies ask home visitors to transport the families in agency-owned vehicles or in their own cars. It is the agency's responsibility to ensure that all passengers, drivers, and vehicles have adequate insurance coverage for Head Start activities.

Planning for outdoor and indoor group experiences calls for home visitors and parents to ensure that the following elements are included:

- Opportunities for active and quiet play, indoor and outdoor play

- Strategies for helping children arrive at the setting, get involved in play, and, later, leave for home—with as little stress as possible

- Strategies for helping children and adults move from one activity to another comfortably, knowing "what comes next"

- Procedures for conducting routines, such as toileting, and for mealtime set-up and clean-up, in a way that is not disruptive.

Planning for group socialization activities normally includes the adoption of a schedule. Figure 3-9 presents a sample schedule for a three-and-one-half hour group socialization activity that takes place in a community center,

classroom, park, or other appropriate setting in which a morning snack and lunch are served.

Group socialization planning might include activities for siblings attending the sessions. Since the emphasis of the Home-Based Program Option is family focused, the home visitor should make a special effort to accommodate the enrolled children's brothers and sisters. In such instances, toys and materials should be available for infants, toddlers, and school-age children. Home visitors and parents also should plan activities that include siblings in group activities.

Listed below are examples of toys and other materials that parents and home visitors can make and/or collect for infants, toddlers, and school-age children.*

Infants

- Cloth animals made from old towels or material scraps stuffed with old socks
- Bell rattles made by securely sewing bells into ribbon
- Picture books made from cardboard covered with clear contact paper
- Household items such as pots, pans, measuring cups and spoons, rubber spatulas, wooden spoons, plastic food containers, and cardboard boxes
- Manipulative materials, such as squeak toys, balls of different sizes, soft cloth blocks, crib mobiles, teething rings, large plastic or wooden animals, and plastic key rings.

Toddlers

- Musical instruments, such as coffee cans with plastic lids for drums, bells sewn on ribbon, shakers made by filling empty containers with beans and securing with duct tape
- Bean bags
- Dress-up clothes, hats, suitcases, and shoes for dramatic play
- Household items for sand and water play, such as measuring cups and spoons, sponges, sifters, strainers, and funnels
- Donated paper and paper bags for art projects

*Adapted from Dodge, Diane Trister and Colker, Laura J. *The Creative Curriculum for Family Child Care*. Washington, DC: Teaching Strategies, Inc., 1991.

FIGURE 3-9: SAMPLE SCHEDULE FOR GROUP SOCIALIZATION ACTIVITIES

9:00	Free-play activities – Indoor and outdoor activities – A balance of child-initiated and adult-initiated activities
10:00	Snacks available – Other activities continue
11:15	Group time – Quiet alternative activities, such as looking at books
11:30	Prepare for lunch – Toileting, handwashing, table setting – Quiet alternative activities
12:00	Lunch
12:30	Families prepare to leave

- Records and tapes of children's music and stories
- Manipulative materials, such as trucks, cars, wagons, large cardboard blocks, wooden or rubber puzzles with large pieces, large wooden stringing beads, large crayons, push-and-pull toys, pails, shovels, and peg boards and large pegs.

School-Age

- Materials for making masks and puppets
- Play dough
- Library books, tapes, and records
- Flashlights, measuring tapes, and rulers
- Large cardboard boxes for outdoor play
- Sewing material such as burlap, felt, large tapestry needles, and yarn
- Writing material, such as pens, pencils, colored pencils or markers, and crayons
- Decks of cards
- Jigsaw puzzles
- Jump ropes, balls, and other kinds of sports equipment.

Field trips should also be planned as group socialization activities. When planning field trips, home visitors first must familiarize themselves with and follow the agency's trip approval policy. If parents and home visitors are planning a field trip, a pre-trip visit to the site might be needed to determine the site's appropriateness for young children, to make note of safety issues and to locate

restrooms. Parents should be encouraged to make site visits too so that they learn how to evaluate field trip selection. If the field trip includes a tour conducted by the site's personnel, home visitors should make sure that they understand the interests and needs of young children—more "doing" than watching, more talking than listening, more moving than sitting or standing still.

Home visitors should help parents to understand that appropriate field trips for young children may seem too mundane for adults, but are fascinating for children—local markets and shops, a bakery, a pet store, a construction site, parks, nurseries, a florist shop, gardens, and the library. Distance to and from field trip sites should be short. If every child does not have a parent in attendance during the group socialization field trip, specific responsibilities for who will supervise which children must be planned.

If home visitors and parents have planned together, both will be ready to identify things for children, will be prepared to ask open-ended question, and generally to help children enjoy and learn from the trip.

Transportation must be considered if an alternative to the regular procedure is needed. Will an agency van or bus be used? ...home visitors and parents' cars? ...public transportation or transportation clubs? The agency's transportation policies should largely determine how parents and children will arrive at the field trip sites. Alternative procedures for providing snacks and meals might be needed, as well.

In summary, group socialization planning includes an acceptance and understanding by adults of the ways in which children interact with each other, with parents and other adults, and with toys and other materials. Home visitors and parents should discuss the following concepts prior to conducting group socialization activities and ensure that all group experiences incorporate these concepts.

- Children are learning all the time, and they learn best through play—play with materials, play with other children, play with adults.
- Adults facilitate children's play by interacting with them based on the children's interests and needs:

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- Watching what the children are doing and describing their actions
- Asking the children to talk about what they are doing
- Asking open-ended questions that require children to think
- Responding to children's questions with brief answers.

The sections that follow provide an overview of the methods, strategies, and ideas that can assist parents and home visitors to implement developmentally appropriate activities for home visits and group socialization activities.

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Chapter Four

Conducting Home Visits and Group Socialization Activities

This chapter focuses on strategies for home visitors to use as they conduct individualized home visits and group socialization activities with the parents involved. It will answer many of your questions regarding:

- Strategies for conducting individualized home visits with the parents involved
- Strategies for conducting appropriate group socialization activities with parents and children in various settings.

CONDUCTING INDIVIDUALIZED HOME VISITS

Remember that the focal point of home visits is the parents. The home visitor works with the parents, who, in turn, work with their child. The parents' role is that of the primary teacher of their child. Staff's primary role is to assist, encourage, and support the parents.

The following sections discuss the elements and flow of the home visit.

Greeting the Family

The home visitor should be friendly, warm, and sincere. The greeting is an important moment to set the stage for the rest of the visit. Some ideas that home visitors may want to keep in mind include:

- Greet the parent first, then acknowledge the presence of the child
- Take a few moments to talk casually and informally with the parents to see how things are going (you may find at this time that there is a crisis in the home that needs immediate attention)
- Act in a way that lets the parents and children know you are glad to be there.

Follow-up

After greeting the family, home visitors should ask about the activities the parents and child have been doing since the last home visit, as well as other tasks the parents had planned to do. Talk about the things they made or new skills the child learned, and ask them to tell you about appointments they kept or other ways the family followed through from the last visit. Review the skills the parent and child worked on during the week. This review provides an opportunity at the beginning of the visit to reinforce families and to emphasize to the parents that they are the primary educators of their children. When possible, give specific and sincere compliments to the family.

The home visitor may find out from the parents that the activity (ies) was not as successful as hoped. They can then discuss what happened, why it happened (or didn't happen),

and how the activity can be changed to allow the child to accomplish it successfully. The parents may want to try the activity while the home visitor is there to provide feedback and support.

Reviewing the family's activities encourages the parents to follow through since it is one of the first things the home visitor and parents discuss.

Focus on Family Issues

Each home visit should contain some activities and information that will focus directly on parents. Home visitors and parents should make sure that the children are occupied with a self-directed activity (e.g., drawing, looking at a book, putting together a puzzle) so that this important time is uninterrupted. There are three types of information or activities that home visitors and parents can share at this time:

- Component information
- Program information
- Meeting the expressed needs of the family.

The information content as well as the focus of the activities need to reflect and represent the *Head Start Program Performance Standards*, the individual family's goals and objectives as identified on the family action plan, and the agency's yearly goals and objectives.

Component Information

Most agencies have identified goals and objectives for the families served that must be addressed either at specific times or some time during the year. This is general information that can be presented to all families and includes discussions with parents, distributing pamphlets or other materials, and informing parents of community resources and events. All components—health (including mental and dental, nutrition, and safety), education (child development), social services, and parent involvement—are included. Pamphlets, handouts, and other information can be gathered with assistance from component coordinators.

When discussing and addressing the component information during the visits, home visitors should **personalize** it with each family. The depth in which the information is covered depends on the needs and interests of each family. The home visitor and parents discuss how the family can apply the information to their particular situations and lives.

It is often helpful for home visitors to coordinate these component activities with information presented at parent meetings. Home visitors and parents then apply the information from parent meetings to each family's individual situation. This is helpful in getting the information to "come alive" for the parents.

In most cases home visitors provide information or resources rather than in-depth training. Home visitors should encourage parents to share questions with them, and not be afraid to tell the parents when they don't know the answer. They can jot the question

down and let the parents know that they will find the answer, and that they will both learn something new. The parents will not expect home visitors to have all of the answers but will appreciate the fact that they have done something extra.

Program Information

Whenever there is program information to share, home visitors can do so during this Family Issues segment of the home visit. This information might include program newsletters and announcements of parent meetings, scheduled group socialization activities, other program activities, and community events. Home visitors should encourage parents to attend meetings and group socialization activities, to serve as volunteers, or to contact other parents to remind them of upcoming meetings and events. Parents are valuable contributors to the program—the program benefits from their time and ability—and this needs to be reinforced frequently.

Expressed Needs of Families

During each home visit parents and home visitors work on activities that lead toward attainment of family goals. As goals are accomplished, parents select new goals to work toward, and plan activities to meet these new goals. One goal for Head Start is to enhance families' self-sufficiency. Home visitors can assist by informing families of community resources and assisting them in contacting other agencies. Activities can include role playing the contact with an agency to secure service.

Another activity is using resource directories to find appropriate agencies. Activities should be planned that give parents the assistance they need; to let them "do for themselves." If the parent/family is hesitant to express needs, activities can be planned to encourage or help the parents. The parents must be aware of all the programs and services available in the community and through the Head Start Program. The home visitor and parents can discuss various agencies, such as the state or local health department, and determine its location, schedule of services, eligibility requirements, and health department personnel to contact. The Component Information activity previously discussed is another way to generate expressed needs by sharing pamphlets on safety, nutrition, sanitation, and medical, dental, and mental health. These pamphlets may make the parents aware of a need and result in their identifying it to the home visitor. For example, a home visitor and parents might discuss a pamphlet on dental health and bottle mouth caries. After this discussion, the parents could ask the home visitor about the milk or juice bottle the two year old takes to bed at night. Then they can plan steps to change this habit and promote better dental health.

When working on these activities, the home visitor serves as an in-home resource person. Home visitors are not expected to be experts in all fields. They are not social workers, physicians, psychologists, or marriage counselors. When the parents have expressed a need, the role of the home visitor is to help the parents locate, contact, and follow-up with appropriate resources, and use the information from various resources.

As with all activities, it is important to individualize to meet the parents' expressed needs. The intention of these activities is to help the parents find solutions to problems they are having. As the home visitor and parents work toward a solution, the home visitor needs to encourage the parents to be as independent as possible. Suppose a mother were to discuss with the home visitor that her husband has left and that she needs assistance. She doesn't know

what to do and is not aware of the resources in her community that could help. The home visitor and the social services coordinator could assist the mother in a number of ways.

- Explain the Aid to Families with Dependent Children (AFDC) program offered by the Department of Human Services.
- Give the parent the phone number to call to apply for AFDC.
- Give the parent the name of a person at Social Services to contact.
- Call Social Services for the parent to make an appointment.
- Arrange transportation or drive the parent to the appointment.

Each step represents increased responsibility for the home visitor. Parents need to use their own strengths and resources. Home visitors should give as much help as parents need to find their own solutions. The more parents do on their own, the more independent they will become. Working toward this end should be the home visitors' goal as they present activities that address parents' needs.

Some needs expressed by families will require direct intervention by a specialist. For example, the parent may be having difficulty coping with the demands of a child with a disability. The home visitor should refer this parent to a person experienced in counseling families. In addition to other resource personnel, the counselor may suggest some activities for the home visitor and parents, or the counselor may provide special services to this family in addition to the home visitor.

There may be occasions when the home visitor arrives for the visit and finds the family has a crisis that requires immediate attention. For example, a child has developed a high fever during the night; parents have just been informed they must move; the family is without food; or one parent reveals a drinking problem. Relieving the crisis obviously takes precedence over other activities planned for the visit. The home visitor will need to discuss with the parents possible solutions. Parents need the opportunity to do as much as possible for themselves. Home visitors should not step in and direct. The home visitor may need to consult with other Head Start coordinators or community resources to provide alternatives to the parents. The home visitor can assist the parents in planning steps to solve the problem. Obviously, the steps to care for an ill child need to be accomplished quickly. The home visitor can assist in finding a clinic and arranging transportation, if necessary.

Finally, home visitors should follow-up regarding referrals. They should ask parents if they made the contact with the Head Start resource person or another agency's representative, what services were provided, and if additional help is needed. Home visitors and parents then can determine if other actions are necessary.

Following the Family Issues portion of the visit, the home visitor and parent should invite the child to join them for the next segment. A smooth transition between segments of the visit will help to make the visit productive and minimize frustration for all.

Parent/Child Interaction Activities

Each week, home visitors and parents review the family action plan, child's developmental profile, and other information about the child's strengths, interests, and needs (see the Co-Planning section). This provides the opportunity

for the home visitor to discuss with the parents child development principles, appropriate activities, behavior management techniques, and other child development issues. They then can plan activities for parents and children to engage in during the home visit. These activities should:

- Encourage positive interaction between parents and children
- Provide learning experiences
- Generalize and expand skills
- Present component information geared to the child
- Reinforce parents as primary educators of their children.

These purposes can be met through games or other motivating activities that include siblings or other family members present. Some activities will meet one of the above purposes; more frequently, activities will accomplish several purposes and be coordinated with parent activities.

Children learn through play—by creating, exploring, questioning, and manipulating. Activities planned for each home visit allow the child to play while increasing the parents' awareness of what the child is learning and how they can change materials, directions, or the environment to expand the child's world. Play can be thought of as any activity the child enjoys. It can be non-directed; for example, giving the child paper, scissors, markers, and glue and letting the child "create the project"; or it can be playing a game with directions and rules to follow. The key to planning and presenting these activities is the child. What materials and activities does he enjoy? What activities are most interesting? How much structure does she prefer? Is the activity developmentally appropriate—does it provide opportunity for success, some challenge, and minimal frustration? Ideally, play uses skills the child has and also provides a challenge.

The learning that occurs during play is somewhat dependent upon the materials provided, the amount of adult involvement, and the directions provided to the child. When the home visitor and parents plan an activity, they should consider its purpose—to provide a learning experience or to review or expand previously learned skills—and they can create a play experience for this purpose that is enjoyable for the child. If an activity becomes too stressful for the child, parents and home visitors should either modify the activity to allow for success, or discontinue the activity and do something else with the child.

One of the big advantages of the Home-Based Program Option is the parent's opportunity to learn to use the home more effectively as a learning environment. Daily routines and practices can be valuable learning experiences for children. Learning takes place while grocery shopping, preparing dinner, doing the laundry, raking the leaves, and so on.

Encourage parents to use items found in the home as teaching materials—such as:

Old socks and clothes	Milk cartons
String or yarn	Egg cartons
Cereal boxes	Magazines
Scraps of material	Newspapers
Straws	Paper bags
Cardboard	Corks.

It is important for home visitors and parents to plan activities based on resources available in and/or around the home and/or community.

The following are some reasons parents and home visitors should use home resources in home visit activities:

- Children are familiar with them and like to use them
- It ensures a supply of materials for the child
- There is no cost
- Allows for creative expression
- There is a great variety and they are multi-purpose
- There is the excitement of finding and adapting them
- They will always be there.

The home visitors and parents can plan objectives for the child, and together think of things that the family normally does that provide opportunities for learning in or around the home. Home visitors need to help parents understand that they don't have to purchase expensive toys for learning to occur. There might be activities that require special materials, particularly with children with disabilities. The parents and home visitor may be able to make some of these.

Many programs provide families with "starter" materials at the beginning of the year, such as crayons, paste, glue, children's scissors, and construction paper. The program should supplement these materials as they are used throughout the year. Home visitors also might supplement home materials with toys, puzzles, and games for conducting specific activities with a child to meet his or her individualized needs; for completing a developmental screening or assessment; or to provide novel activities to occupy children while home visitors and parents converse.

Another way to encourage parents to create learning experiences is to plan activities around family routines. Parents and home visitors can talk about how these activities help in the development of the child and demonstrate skills the child can practice. For example, while the parent and child are sorting laundry, the child can:

- Tell you everything he or she knows about the clothing, such as the shirts or socks
- Find all the clothes that are for daytime, for sleeping, for hot or cold weather
- Sort clothes by color, size, shape
- Stack folded clothes
- Identify items inside and outside as big or little
- Follow directions for putting clothes away.

Home visitors and parents can discuss the family's daily routines and practices and then plan informal activities around the routines. Home visitors can encourage parents to include the children in as many daily activities as possible and help parents understand that "extra" time

isn't necessary in order to provide learning experiences for their child.

Home visitors and parents should also include outdoor activities on a regular basis, such as running, hopping, jumping, nature walks, planting a flower or vegetable garden, and various outdoor games. Children love repetition and may want to do the same activity over and over again. Outdoor activities should include trips around the community, such as a walk to the library for children's books or storytime and to a park for gross motor activities.

Whether playing a game with children, setting up a non-directed activity, or conducting activities around family routines, parents can support their children's maximum learning by using language that is positive, reinforcing, and supportive of children's natural inquisitiveness. Too often, adults speak with children in a way that is threatening and/or frustrating; they ask a lot of questions that "test." These questions are the type that require children to give one right answer. If the child doesn't know that right answer, he might feel stupid, inadequate, or not valued.

The kinds of statements and questions that adults direct toward children that allow them to think, to reason, to look for many possibilities or solutions, are the ones that are developmentally appropriate. Home visitors can help parents to add these statements and questions to their repertoires. Their interactions with children can provide opportunities for children to recall things they have done, seen or heard:

- *Tell me all you know about these peaches.*
- *Tell me all you remember about the story I just read to you.*
- *Tell me what you saw on our trip to the store.*

...Provide opportunities for children to observe similarities and differences:

- *Put together all the buttons that you think are the same. How are they the same?*
- *How are fish and dogs different?*

...Provide opportunities for them to think about cause and effect relationships:

- *What do you think will happen if we fill the balloons with water instead of air?*

...Provide opportunities for them to produce many possible ideas or solutions:

- *What do you think would happen if all of the clocks stopped running?*
- *What other ways can you think of to get to grandma's house?*

...Provide opportunities for them to express their feelings and their own judgments:

- *How would you feel if you were the only child in this family?*
- *What do you think about the picture you drew?*

Each of these statements and questions has more than one right answer. Children can use their thinking abilities, their perceptions, and their own ideas to develop solutions and seek appropriate answers. And, they can do so without fear of being "wrong."

During parent/child interaction activities, home visitors can model these kinds of questions with parents and children and explain to parents why these kinds of questions are important. Also, home visitors should point out to parents

the kinds of thoughtful answers their children are giving to these questions.

Often, when parents are first learning about open-ended questions, they ask, "How will my child learn his/her colors if I don't ask, "What color is it?" (or shapes, or numbers, etc.). When asked, home visitors can point out the many opportunities during children's play for them to learn about and name their colors, shapes, and numbers. These opportunities occur while they are helping with household chores, and at other times when children are using colors, shapes, words, and numbers as they sort, classify, make patterns, look at picture books, and so on. Asking children to name something does not teach them. Concrete experiences teach; asking one-answer questions tests.

Once the home visit activities have been completed, parents and home visitors talk about and assess the activities. They should complete the parent/child interaction segment of the visit and offer the child a choice of activities to engage in while the adults evaluate the home visit, plan for the week's follow-through activities, and plan the next home visit.

The next section discusses methods, strategies, and ideas that can assist parents and home visitors to conduct developmentally appropriate group socialization activities in various settings.

CONDUCTING GROUP SOCIALIZATION ACTIVITIES IN THE COMMUNITY

Group experiences are for children and parents. The experiences that are included in group socialization activities should encourage children to interact with each other, explore, experiment, solve problems, create, and exhibit self-control. They should represent all areas of child development, indoor, outdoor, child-initiated, and adult-initiated activities. There should be lots of discussion and small group activities.

Group socialization can take place anywhere if activities are planned and well-supervised. Children benefit from playing with their age mates in ways not always apparent when they play at home with their brothers and sisters. They need opportunities to interact with children of the same age and developmental levels in order for parents and home visitors to see how their social competency is growing. As children talk, play, share, compete, and cooperate, parents and home-visitors can see their growth. Therefore, twice a month, group activities are planned for the children that need parents' help in supervision and that present opportunities for other parents to observe, take notes and discuss child behavior. These group activities need safe, comfortable space and can be held in community buildings like a library, a Sunday school room, a home, a gym, a community center, or a Head Start classroom.

There should be space enough for children to participate in a range of activities designed for a group. The program does not have to provide a Head Start classroom experience just because the group socialization activities may be in a classroom. What is important is to provide group experiences that are fun and educational for the children while at the same time providing a child observation and group discussion for the parents. Best of all are activities that include all the parents and children together. There needs to be a variety of activities for each session that show how children learn through play. For instance, block play is ideal if there are enough blocks for several children. With adult help, block play can take off in many directions. Art activities such as mural painting, painting walls with water, drawing on a sidewalk with chalk,

provide opportunities for children to talk and work together. Story time provides for give-and-take discussion of ideas from books, pictures, or developing the groups own story. Preparing food such as soup, salad, bread, pancakes, sandwiches, lemonade or cupcakes is a way to discuss nutrition. Prepare food to be eaten on site.

Home visitors and parents should consider the following environmental guidelines for group socialization activities in community and Head Start facilities.

- Ensure that the facility is clean and free of debris and hazardous materials.
- Separate areas with furniture and sturdy bookcases, using the center of the room as well as the sides, while still allowing easy vision and supervision of children.
- Separate noisy areas (dramatic play, blocks) from quiet areas (table toys, reading).
- Pay attention to traffic patterns—avoid tempting children to run from one end of the room to the other because of too much open space. Plan for traffic flow around the interest areas, not through them, so children and adults at work are not distracted.
- Label the shelves with pictures or construction paper outlines of the materials displayed on them.
- Display table toys, puzzles, and other materials in open containers, at a height accessible to children, so they can make choices and independently return materials after use.
- Use a mix of commercial materials (unit blocks, wooden puzzles) and homemade materials (milk carton blocks, magazine-picture-on-cardboard puzzles, bottle caps and other collections) to facilitate smooth transition for the children from home to "school."

- Have access to an area outdoors for children's and parents' active play (preferably fenced-in); the space should include sun, shade, and equipment and materials for climbing, jumping, sliding, throwing, kicking, and other types of active, noisy play.

When using an outside area, such as a park or playground area, consider the following guidelines:

- Ensure that the area is safe and free of debris and hazardous material.
- Establish rules with the children on the boundaries of the group socialization areas and ensure that adults enforce these rules.
- If using a playground, make sure the equipment is safe, sturdy, and age appropriate.

Group socialization day can be a time to enjoy those activities that would be difficult or almost impossible to do in individual homes, such as those that follow:

- Having special guests
  - Musicians and puppeteers

- Arts and crafts people
- Story tellers
- Children's theater companies
- Police officers
- Fire fighters
- Animal guests
- Component staff

- Playing group games

  - Parachute play
  - Red rover, red rover
  - Duck, duck, goose
  - Simon says
  - Relay games
  - Telephone games
  - Giving audio-visual presentations
  - Films and videos (check local library)
  - Records and audiotapes
  - Slide shows
  - Film strips

- Conducting other group activities

  - Sing songs and/or engage in creative movement with the aid of a piano, guitar, clapping hands, or whatever "rhythm-maker" is available

  - Finger-painting

  - "Dress-up" role playing

  - Throwing or kicking balls to each other.

Children should be given the opportunity to self-select activities from a variety of choices, which might include art work, listening to records and using "noise" or music makers, block play, manipulative toys and puzzles, dramatic play and creative movement, informal reading and looking at books, pretending in a housekeeping area, and so on. The selection of these activities by parents and home visitors should be based on the individual children's and families' strengths, interests, needs, and goals. The activities should complement home visit activities.

Group socialization offers children opportunities to play in small or large groups with children their own age.

Home visitors should encourage and support parents' participation in group socialization activities. Examples of this support would include:

- Helping parents to know when and how to observe their children at play, when and how to intervene in children's play

- Helping parents to discuss their children's play and interactions with each other and with staff

- Helping parents to understand children's inappropriate or "different" behavior and to use acceptable ways to guide children's behavior (i.e., discipline).

At times, it is important for parents and home visitors to observe children at play with each other. At this time, the adults can note how children play, how each child interacts with others, and what each child selects as his or her choice of activities. At other times, parents and home visitors should join in children's play. Adults can suggest different ways of using materials and say things that encourage children to play with each other. Adults can participate actively in children's play, especially in dramatic play and creative movement activities. In addition, adults can make suggestions that offer children challenges in order to expand their thinking and promote socialization. Group socialization experiences offer an excellent time to observe and document children's skills. This

may be one of the few opportunities to observe some children interacting in a group setting. Home visitors and parents can discuss their observations of children's progress during group socialization as well as review what they observed during a subsequent home visit with each family.

Home visitors should coordinate with their supervisor and the nutrition coordinator for providing adequate snacks and/or meals during group socialization for all attending (including parents, siblings, guests, and staff).

CONDUCTING GROUP SOCIALIZATION ACTIVITIES IN PARENTS' HOMES

Parents' homes can serve as excellent sites for group socialization activities. Usually, group socialization sessions held in homes are smaller than those held in other facilities. The group may consist of three to six families. Home visitors often schedule four smaller group socialization activities in one month in order for all families to participate in two events.

The advantages of home settings include:

- Parent involvement may increase since the setting is more familiar to parents than a community facility.
- Children and parents do not have to travel long distances because the group socialization is held in their area.
- Children and families who live in the same area have an opportunity to get better acquainted, and, as a result, often develop ongoing support/interest groups.
- Arranging transportation may not be necessary

The planning process for home group socialization activities is basically the same as discussed earlier in the chapter for other sites. Parents and home visitors should plan developmentally appropriate activities that reflect and address the strengths, interests, and needs of those children and families who will be attending. Parents and home visitors want to use as many in-home materials and other home-made inexpensive items as possible. They need to assess the home environment to determine what is available, as well as to identify ways to use the floor and other spaces in and around the home for play. The home visitor and host parents may ask other parents who are attending to provide some materials or items. Head Start staff and parents can plan and conduct workshops to make games and materials to be used during home group socializations.

Materials that home visitors and parents can make or use include:

- Cardboard boxes, upside-down, as low tables for children's play
- Kitchen utensils, plastic measuring cups, pots and pans, brooms, rakes, magazines, books, and other household items.

Activities that work well in a home setting include:

- Story telling
- Songs, dance, movement
- Pairing off (parent and own child, parent and another child, child with child)
- Preparing food, such as making cookies, bread, or soup
- Child-suggested activities
- Outdoor activities such as duck, duck, goose; hopping; jumping; running; kicking and/or throwing balls; planting a flower or vegetable garden; and taking a walk in the community.

Home visitors can encourage and facilitate parents' participation in home-setting group socialization activities with strategies similar to those for other facilities. And, as in other group settings, parents and home visitors should document children's demonstrated skills as they interact with each other, adults, and materials.

Home visitors should coordinate with their supervisor and nutrition coordinator for providing food for snacks and/or meals during group socialization activities in parents' homes for all in attendance.

CONDUCTING FIELD TRIPS AS GROUP SOCIALIZATION EXPERIENCES

Field trips give children and their families a wonderful chance to interact with each other in different circumstances. Trips also help them to learn and experience different things in their community. Careful planning is essential. (See Chapter Three.)

During a field trip, parents and home visitors should exhibit their enthusiasm for the trip. As they talk with their assigned children, they can identify things, ask open-ended questions and generally help children get the most out of the experience. They should be prepared to join into children's activities during the trip, to observe the children's reaction to what they see and do, and listen carefully to what the children say about their experience. If someone can take pictures, they are useful in later follow-up and discussion. Collections may also be fun, when appropriate. During travel or a food break, the adults may have a chance to talk with each other about their observations.

PARENT ACTIVITIES AND MEETINGS

While parents are the focus of every home visit, home visitors and agency staff have the responsibility for encouraging and supporting parents' participation in other aspects of the program. In addition to home visits and group socialization activities, parent involvement includes:

- Parent meetings
- Parent social experiences (informal)

- Home-based parent participation on policy-making groups (policy council, policy committee)
- Educational experiences.

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It is common practice for most Head Start agencies to schedule parent meetings and/or other programs at least once a month. Parents should determine the content and type of meetings, and, as much as possible, they should be responsible for planning and conducting the meetings.

The most effective parent meetings balance activities to include socialization, participation, support, and information dissemination. When parents determine the content for meetings, they should also decide on a goal, list activities, and decide on a measure of success for the meeting that is tied to the goal. Within each parent meeting it is important to have activities that vary from listening to doing and sharing.

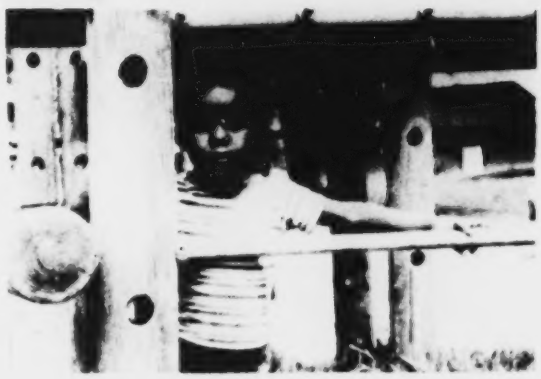
Many grantees find it beneficial to conduct a parent survey to determine topics that generate the most interest. Once parents have determined their priorities on topics, they can draw on a wide range of resources for ideas, expertise, and materials. They may call upon Head Start staff, fellow parents, or community consultants and resources.

Parents and, in most programs, the parent involvement coordinator, have primary responsibility for planning and carrying out parent meetings. Home visitors can contribute to the success of these meetings by:

- Informing parents of the date, time, topic, and location well in advance of each meeting
- Motivating parents to attend by helping them to understand how the subject relates to their interests and/or needs
- Speaking or scheduling speakers at parent meetings on specific topics
- Developing information packets and handouts
- Suggesting materials for follow-up activities in the home
- Supporting and reinforcing parents' attendance and participation
- Providing a nutritious snack
- Following up on home visits with an informal discussion pertaining to meeting topics.
- Helping to arrange child care.

Once meetings have been conducted, evaluations allow the planners (parents, parent involvement coordinator, home visitors) to improve parent involvement efforts on a continuing basis.

Similarly, home visitors can help parents plan and conduct informal social experiences, such as family picnics, roller-skating events, and others. These experiences most often reflect a mix of adult-only and whole-family gatherings.



Home visitors can facilitate home-based parents' participation on the agency policy council/committee. They can work with agency administrators to ensure proportionate representation of home-based parents on policy-making groups, including component advisory

committees. They can help parents prepare for meeting attendance by providing an overview of the meeting format, assisting parents with oral and written reports, and other activities, as appropriate. Home visitors also can help parents form car pools or arrange for other transportation, as needed.

Parents' participation in agency and other community educational experiences will help them feel good about themselves as group members, and provide opportunities to make new friends, as well as improve parenting skills. Home visitors can encourage parents to attend agency workshops, community college classes, and other activities in which parents have expressed an interest. Other forms of support include taking care of transportation needs, identifying suitable child care arrangements, and praising parents for their efforts.

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Chapter Five

Evaluating Home Visits and Group Socialization Activities

This chapter discusses how and why home visitors and parents should evaluate home visits and group socialization activities. It will answer many of your questions regarding:

- Evaluating home visits with the parents involved
- Evaluating group socialization with parent input and participation.

EVALUATING INDIVIDUALIZED HOME VISITS

Parents and home visitors conclude each home visit by evaluating the home visit activities and by planning activities for next week's visit. Most home visit plan forms include a section for evaluation comments (see Figure 5-1, right-hand column). Home visitors should encourage parents to write their comments on the home visit weekly plan. As parents and home visitors review the day's activities, strategies, successes, and difficulties, parents have the opportunity to talk about what they and their child learned, what they liked, what they would change, and how the activities went. Some parents might not feel comfortable with this early in the year, so the home visitor can record the parents' comments and then ask them to sign it to document the completion of the home visit. Later in the year, as these parents become more comfortable with the process, they can record evaluative comments themselves.

The final part of the visit, planning family follow-through activities, is based on the evaluation and is critical to creating and incorporating the material and issues covered on this visit. It encourages parent/child interaction throughout the week between visits.

Planning Family Follow-Through Activities

Planning follow-through activities involves the parents in selecting activities for themselves and their children to engage in between this home visit and next week's home visit. These activities should reinforce concepts, information, and activities from the present and/or past home visits.

Home visitors help parents plan a convenient and appropriate time to do these activities. For example, if the activity relates to the child dressing, the parents will want to do the activity in the morning or at night when the behavior normally occurs. If it involves the parents attending a parent meeting, they need to know when and where the meeting is, as well as transportation available if appropriate. Most programs and parents have found that recording these activities, either in a designated space on this week's home visit plan (see Figure 3-1 for sample), or on a separate form, provides a reminder to parents. This also enables the home visitor to reinforce families for participating in learning experiences regularly for both

FIGURE 5-1: PARENT/HOME VISITOR WEEKLY PLAN

Family _____ Date _____

HV _____ Time Started _____ Ended _____

PI ED H SS	OBJECTIVE (WHAT DO WE HOPE WILL HAPPEN?)	ACTIVITY (DISCUSSION, HANDOUT, GAME, SONG, ETC.)	MATERIALS AND PERSON(S) RESPONSIBLE	WHAT WAS LEARNED? WHAT WAS ACCOMPLISHED?

Objectives and activities parent(s) work on at home during week:

(See Figure 3-8 for Home Visit Plan form)

themselves and their children. Follow-through home visit activities might include:

- Attending parent meetings or other program-sponsored activities
- Making and/or keeping appointments with medical, dental, or mental health clinics or other community agencies
- Continuing activities started on the home visit, such as art, storytelling, or cooking projects
- Expanding on home visit activities; for example, after talking about zoo animals, the family visits the zoo.

These activities will be discussed by the home visitor and parents during the follow-up phase of next week's home visit.

The home visitor may find out from the parents that the activity(ies) was not as successful as hoped. They can then discuss what happened, why it happened (or didn't happen), and how the activity can be changed to allow the child to accomplish it successfully. The parents may want to try the activity while the home visitor is there to provide feedback and support.

Reviewing the family's activities encourages follow-through since it is one of the first things the home visitor and parents discuss.

EVALUATING GROUP SOCIALIZATION EXPERIENCES

Following group socialization activities, parents and home visitors evaluate the experience—what they observed, how the children played and interacted, what worked well, which activities they would change, and how they would change them. These discussions can take place as the socialization activities are ending and they are gathering and putting away materials. Other opportunities include subsequent parent meetings, or during the next home visit with each family. Home visitors may also evaluate group socialization activities with the home-based supervisor and other component coordinators, as appropriate. These evaluation discussions should:

- Identify successful experiences and field trips (those you may want to use again in the same way or with minor changes).
- Identify unsuccessful experiences and trips (decide whether to eliminate these activities or try again with minor changes).
- Identify group socialization activities that would be useful to repeat during home visits for some or all of the families.
- Identify group socialization activities that should be reinforced with follow-up activities during home visits.

There is no set format to provide group socialization experiences for home-based children and their families. All variations can work if staff members adequately assess family strengths, interests, and needs; if the staff and parents plan together sufficiently; and if they

continually evaluate and work together to improve these experiences.

Evaluating home visits and group socialization activities helps determine if goals and objectives of both families and the program are being met.

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Appendix A

Suggestions for Strengthening the Home-Based Program Option

EDUCATION SERVICES OBJECTIVES AND PERFORMANCE STANDARDS

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
1304.2-1 Education services objectives.	**Introduction** The education services component of Head Start is implemented during both the home visits and in planned group socialization activities. The overall goal is enhancing the role of the parent as the child's primary educator, reinforcing the concepts that learning is an on-going process and that the home environment and daily routines provide many opportunities for learning experiences. The purpose of the home visit is to assist parents in fostering the growth and development of their children. The target child and family receive all Head Start component services through home visit experiences. Group socialization activities provide for children and their parents to interact with other children and parents in a community facility, home, on a field trip, or in a Head Start classroom. These sessions may be organized as small groups, with three to four families participating, or as a large group, with the home visitor's full caseload of 10-12 families. Group socialization activities are developmentally appropriate and emphasize peer group interaction. Group socialization activities take place with children and parents. The learning environment should help children develop toward the overall goal of social competence and provide parents with the opportunity to observe and interact with children in the same age range as their child.
The objectives of the Education Services component of the Head Start program are to: (a) Provide children with a learning environment and the varied experiences which will help them develop socially, intellectually, physically, and emotionally in a manner appropriate to their age and stage of development toward the overall goal of social competence.	(a) Home visitors should assist parents to utilize the home environment and daily routines/practices as valuable learning experiences.

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(b) Integrate the educational aspects of the various Head Start components in the daily program of activities.	(b) Home visitors should assist parents with the integration of the educational aspects of the various Head Start components in the daily parenting routines and practices.
(c) Involve parents in educational activities of the program to enhance their role as the principal influence of the child's education and development.	(c) Home visitors should identify and confirm for parents their role as their child's primary educator. They should reinforce the concept with parents that their children are learning at all times and that parents are the primary influence on that learning.
(d) Assist parents to increase knowledge, understanding, skills, and experience in child growth and development.	(d) Home visitors should assist parents in their understanding and appreciation of how their interactions impact on child growth, development, and self-esteem. Home-based staff can assist parents to increase their knowledge, understanding, skills, and experiences in child growth and development through program activities (home visits, group socialization activities, training sessions, and parent meetings).
(e) Identify and reinforce experiences which occur in the home that parents can utilize as educational activities for their children.	(e) Home visitors should assist parents in identifying, assessing, and reinforcing experiences that occur in the home that they can utilize as learning activities for their children. Additional guidance is available in *A Guide for Operating a Home-Based Child Development Program, The Head Start Home Visitor Handbook, The Home-Based Supervisors Guide,* and in *A Guide for Education Coordinators in Head Start,* available from the Head Start Bureau, P.O. Box 1182, Washington, D.C. 20013.
1304.2-2 Education services plan content: operations (a) The education services component of the performance standards plan shall provide strategies for achieving the education objectives. In so doing it shall provide for program activities that include an organized series of experiences designed to meet the individual differences and needs of participating children, the special needs of handicapped children, the needs of specific educational priorities of the local population and the community. Program activities should be carried out in a manner to avoid sex role stereotyping.	(a) The education plan should be prepared by the education and home-based staff with cooperation and input from other Head Start staff, parents, and policy group members. Professional consultants may be called upon as needed to assist with the preparation and development process.

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In addition, the plan shall provide methods for assisting parents in understanding and using alternative ways to foster learning and development of their children.	Before the education plan is written, parents, staff, and policy group members should meet to discuss the Community Needs Assessment, the education service objectives, and the performance standards, and make recommendations for the grantee plan of action. Training for parents should be planned regarding their role as participants in preparing the education plan. The home-based staff has the responsibility to inform parents and policy group members about alternative strategies for achieving the education objectives. The staff should recommend strategies appropriate to the needs of the population served and on performance standard requirements. With the concurrence of the parents and policy group members, the home-based staff will write the plan. The plan should be designed to meet the children's and families' needs as determined through both child and family needs assessment procedures. The education plan should include strategies for achieving the education service objectives primarily through: • Home visits (a minimum of 32 one-and-one-half hour visits per family per year), • Group socialization activities, (a minimum of two group socialization activities per month for each child and parent, totalling 16 per year), • Parent meetings, and training sessions. The education plan should describe how home visitors and parents will use information gathered during use of the agency's Family Needs Assessment to develop a year-long individualized Family Action Plan for each family. The education plan should describe how the home visitor and parents will use the Family Action Plan to develop Home Visit Weekly Plans throughout the program year. The description of this planning process (Family Needs Assessment to Family Action Plan to Home Visit Weekly Plans) should define how parents and home visitors will address the goals and objectives of the Family Action Plan, of the Head Start performance standards, and of the agency. The education plan should include strategies for adhering to adult learning principles, methods for

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	integrating Head Start components and services, and means of achieving goals and objectives for families. The plan should identify the types of activities appropriate for the community served, note how these activities reflect the community cultures, and outline the system for documenting families' and children's progress in all areas of development. The plan should describe the process of individualization for families. In addition, the education plan should describe the planning process for home visitors and parents to use in conducting group socialization activities during the program year. These activities can take place in homes, community facilities such as libraries or parks, or Head Start classrooms. The education plan should specify strategies for implementing each of the education services objectives of the Head Start program. The education plan should indicate: • How the home visitor will identify and reinforce experiences that occur spontaneously in the home that parents can use as developmentally appropriate learning activities. • How the home visitor will assist the parent in identifying daily routines and practices as valuable learning experiences (for example, sorting laundry and setting the table). • How the group socialization activities will provide children with varied experiences to supplement the activities in the home. • How the home visitor will encourage parents to integrate aspects of health, mental health, nutrition, dental health, and consumerism into their daily family routines and practices. • How the visitors will enhance the parents' awareness that their children are learning at all times and that they are the primary influence on that learning. • How the education program will assist parents to increase knowledge, understanding, skills, and experience in child growth and development through home visits, training, parent meetings, and community educational opportunities.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	The plan should be accompanied by brief descriptive information regarding: • Program philosophy for the home-based option • Plans for scheduling one home visit per week for each family • Settings for group socialization activities • Population to be served (ethnicity, race, language, age, prevalence of disabilities, health factors, family situations) based on Community Needs Assessment data • Home-based staff (staffing patterns, experience, training, caseloads, supervision, and support) • Role of volunteers • Community resources • Recordkeeping (how the grantee will document the experiences taking place during home visits, group socialization activities, parent meetings, and training sessions) • Office space for home-based staff • Criteria for group socialization activities • Plan for conducting a minimum of two group socialization activities per month • Schedule for a minimum of sixteen group socialization activities per year • Plan for making up agency cancelled home visits • Screening and assessment procedures for the target child.
(b) The education services component of the plan shall provide for*:	
(1) A supportive social and emotional climate which:	(1) Home visitors should confirm parents' feelings of self-worth and facilitate parents' support of their child's developing self-concept. The following suggestions may be useful:

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
(i) Enhances children's understanding of themselves as individuals, and in relation to others, by providing for individual, small group, and large group activities;	(i) Home visitors should assist parents in understanding and developing self-awareness. This may include identifying and acknowledging parents' individual strengths, providing guidance for enhancing these strengths, and assessing and defining personal goals. In addition, home visitors should help parents to perceive themselves as contributing members of their family, their community, and the Head Start program. Strategies may include: • Listening and responding to each parent. • Supporting parents' confidence in themselves as individuals and as key members of a nurturing family. • Acknowledging and assisting parents in taking credit for effective parenting behavior and efforts toward personal growth. Letting parents and other family members take lead roles during home visits and group socialization activities while the home visitor observes, supports, and provides feedback. • Modeling ways to speak directly, positively, and sincerely with others. • Building positive relationships with each family member as an individual. Home visitors can facilitate parents' support of their child's developing self-concept. Strategies may include: • Supporting parents in providing an open and positive emotional atmosphere in the home environment, between children and family and between parents and other family members.

* The guidance suggestions regarding Performance Standard 1304.2-2(b) were adapted with permission from Council for Early Childhood Professional Recognition. *Child Development Associate Assessment System and Competency Standards: Home Visitor.* Washington, D.C.: 1989

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	• Assisting parents in identifying and creating a special place or space in the home for the children to play. • Helping parents to collect containers/boxes with their child's name for storage of possessions and toys. • Encouraging parents to speak directly and positively to children about their ideas, actions, and feelings. • Modeling and encouraging parents to provide creative activities for their children, such as water play, sand play, drawing, and painting, which allows them to express their feelings. • Encouraging parents to accept and praise children's creative self-expressions and to display their work respectfully. • Supporting self-awareness through the use of mirrors, photographs, and drawings of the child and family, tape recordings of voices, and so on.
(ii) Gives children many opportunities for success through program activities;	(ii) Home visitors should help parents identify their own successes, as well as provide opportunities for children to experience success. Strategies to help parents identify their own successes may include: • Planning activities that are suited to parents' strengths, interests, and needs. • Allowing and encouraging parents to plan, implement, and evaluate home visit activities. • Providing feedback to parents regarding children's responses to their interactions. • Reinforcing parents' involvement in agency policy-making committees and other activities. • Supporting parents' progress on long- and short-range goals that lead to economic self-sufficiency. • Encouraging parents' use of community resources.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	• Promoting activities to foster personal growth of parents, such as home visits, workshops, community education programs, visits to/from other parents, and career development experiences. Strategies to help parents provide opportunities for children to experience success may include: • Assisting parents in understanding the developmental levels of each child and helping them set up activities suited to each child's developmental level. • Encouraging parents to allow their children to do as much as they can for themselves. • Discussing with parents self-help limits appropriate for the home-setting, culture, and child's development, and helping parents plan appropriate self-help experiences for children in the home, such as pouring milk or putting on their own coat. • Suggesting ways that parents can recognize and praise honest effort and not just results of their children's work. • Helping parents to support children's efforts and intervene only when helpful to expand and extend the child's experiences. • Encouraging parents to help their child engage in trial and error learning experiences ("What else can you try?"). • Talking with parents about ways to help their child learn to wait when appropriate ("I'll be off the phone in one minute, then we can go"). • Working with parents to provide experiences for their children that move from the simple to the more complex, allowing children to see their progress.
(iii) Provides an environment of acceptance which helps each child build ethnic pride, develop a positive self-concept, enhance his individual strengths, and develop facility in social relationships.	(iii) Home visitors should model an acceptance of the parents' sense of racial and ethnic pride and family history. Home visitors should help parents to recognize and enhance their individual strengths, as well as encourage parents to take advantage of opportunities for social interaction.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	Strategies may include: • Acknowledging and accepting the unique qualities of each parent and family. • Recognizing and respecting the culture, social background, religious beliefs, and childrearing practices of each family. • Building parents' pride by assisting them in identifying and taking credit for effective parenting behavior. • Helping parents to understand, maintain, and strengthen their sense of family history through appreciating their traditions, stories, music, artifacts, and folklore. • Helping parents see how each family member's contribution builds family history, thus fostering children's social development. Strategies for assisting parents to enhance children's self-concepts and individual strengths may include: • Providing parents with developmentally appropriate examples of activities and stories that reflect race, ethnicity, gender, and disabilities. • Helping parents to understand the importance of showing respect for each child and acknowledging and accepting the unique qualities of each child. • Encouraging parents to listen and respond to children and give attention to what each child considers important. • Suggesting ways for parents to express their appreciation while recognizing the efforts and accomplishments of each child. • Assisting parents to understand and respect the individual rights and personal belongings of the children, including the need for privacy. • Supporting parents' desires to communicate their language and cultural heritage to their children through cultural practices and family traditions.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	• Assisting parents in providing an environment in which children and parents can work and play cooperatively and independently. • Helping parents encourage siblings to help and support each other. • Helping parents understand issues of social and emotional development, such as separation anxiety, negative behavior, shyness, aggressiveness, sexual identity, and making friends. Home visitors should assist parents in understanding, identifying, and providing the variety of situations that enhance children's socialization skills. These include: • Spontaneous and informal opportunities, such as home routines and practices, neighborhood activities, and visitors to the home; • Field trips and play groups in homes, parks, churches, community facilities, and Head Start classrooms.
(2) Development of intellectual skills by:	(2) Home visitors should help parents develop and enhance their skills, using methods that are compatible with adult learning principles, as well as support parents in providing learning opportunities that foster cognitive functioning in their children.
(i) Encouraging children to solve problems, initiate activities, explore, experiment, question, and gain mastery through learning by doing; formal experiences, such as planned group interactions with other children and adults;	(i) Home visitors should help parents identify and value the ways they learn best and understand the importance of children's active learning through play. Strategies for parent learning may include: • Respecting parents as independent learners. • Helping parents identify experiences they have that serve as meaningful learning opportunities. • Supporting parents in meeting their own needs as growing and learning individuals. • Working with parents to identify their learning needs and resources to meet those needs.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	• Engaging parents in problem-solving activities to solve their own problems. • Helping parents value questioning, probing, and exploring as strategies for their own learning. Strategies for child learning may include: • Encouraging parents to support the development of children's curiosity, inventiveness, and problem-solving skills. • Providing examples of questions parents can ask children that lead to more than one answer, such as: "tell me about...", "how do you think...?" "I wonder if...". • Assessing with parents the home environment both indoor and outdoor) to identify available resources for learning experiences appropriate for the children's ages, interests, and levels of development. • Helping parents to feel comfortable in spontaneous play with their child. • Modeling for parents how to stimulate exploration, comparing and contrasting, and experimentation using everyday materials, discussions, and activities. • Helping parents recognize children's individual learning styles and suggesting ways to work effectively with each child • Talking with parents about their role in encouraging children to ask questions and respond to children in ways that extend their thinking.
(ii) Promoting language understanding and use in an atmosphere that encourages easy communication among children and between children and adults;	(ii) Home visitors should communicate with parents in a way that is open, honest, and informal, and assist parents in identifying opportunities for enhancing children's communication skills. Strategies for communicating with parents may include: • Being sensitive to verbal and non-verbal means of communicating thoughts, feelings, and ideas. • Modeling active listening skills with parents.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	• Communicating with parents respectfully, with sensitivity to culture and community traditions. • Creating a climate for parents in which they feel free to communicate their thoughts and feelings. Strategies for helping parents to communicate with children may include: • Providing information on language development of young children and helping parents develop realistic expectations for their children's understanding and use of speech and language. • Encouraging parents to use songs, games, poems and stories, including those from their culture, family traditions, and community. • Assisting parents to help their children develop communication skills by providing ample opportunity for children to listen, interact, and express themselves freely with other children and adults. • Encouraging parents to converse with their children to enrich and expand vocabularies. • Helping parents to get a library card and to discover the many free services of the library. • Facilitating parents' selection of developmentally appropriate children's books. • Talking with parents about the importance of encouraging and praising children's use of imagination in telling stories, playing make-believe, making up their own songs, and other creative activities.
(iii) Working toward recognition of the symbols for letters and numbers according to the individual developmental level of the children;	(iii) Home visitors should encourage and facilitate family literacy. Strategies may include: • Helping parents to value the importance of literacy while they improve their reading and writing skills. • Facilitating parents' use of community resources for family literacy, such as the library and adult literacy programs found in the public schools,

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	community colleges, and other human service agencies. Home visitors should assist parents in identifying the many opportunities, throughout the day, for children to see how reading and writing are useful. Strategies may include: • Encouraging parents to talk, sing, and play with their children. • Talking with parents about children's varying levels of readiness and interest in reading, writing, and use of numbers. • Explaining to parents the importance of personally meaningful activities. (For example, when children show readiness to learn about letters, they are more interested in the letters of their own name than in the letters of the alphabet.) • Encouraging parents to identify and use culturally relevant stories, books, and other learning materials, some of which might be found in the home. • Suggesting ways for parents to model the use of written language, such as making lists and reading food labels, street signs, newspapers, and books, clocks, and calendars. • Helping parents to identify and allow children to use household items such as pots and pans or measuring cups and spoons, to explore and play with ideas of relative amounts, measuring, and estimating. • Helping parents to expand the child's learning environment outside the home to include the post office, health care facility, laundromat, and market. • Helping parents understand the reading process, which uses various skills such as discrimination, identifying word shapes, classification, and eye-hand coordination. • Helping parents understand the relationship between oral language and use of symbols.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
(iv) Encouraging children to organize their experiences and understand concepts; and	(iv) Home visitors should plan and conduct learning activities for parents that progress from the known to the unknown, from the simple to the more complex. In addition, home visitors should assist parents in understanding that the sequence of learning activities for children should progress from simple to more complex tasks, and from concrete to abstract concepts. Activities can be organized around concepts to be learned through home routines and group socialization experiences. Strategies may include: • Helping parents to understand why doing things at the same time every day helps children develop the concept of time. • Helping parents to identify concrete experiences for children to learn abstract concepts, such as seriation and classification with collections of bottle caps, keys, rocks, boxes, or other found objects. • Encouraging parents to break down home routines into tasks appropriate for the child's age and abilities.
(v) Providing a balanced program of staff directed and child initiated activities.	(v) Although home visit and group socialization activities should be planned by the parents and home visitor, time should be allowed both during and between home visits and during group socialization experiences for spontaneous activity by children, parents, and home visitor. The planning of activities should be flexible to take advantage of spontaneous activities by children, parents, home visitors, and circumstances. Strategies may include: • Working with parents to identify teachable moments and their role in capitalizing on these opportunities. • Identifying and developing activities for weekly plans with the parents in the home. • Being sensitive to each parent's abilities and ways of doing things, and providing a variety of ideas when involving parents in developing and planning activities.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	• Helping parents to adapt activities for children in response to children's interest, energy level, strengths, and needs.
(3) Promotion of physical growth by:	
(i) Providing adequate indoor and outdoor space, materials, equipment, and time for children to use large and small muscles to increase their physical skills; and	(i) Home visitors should help parents to understand the importance of physical activity for children and adults. Strategies may include: • Providing information about community recreational facilities for families. • Encouraging parents to participate in children's physical activities. • Talking with parents about the relationship between health, nutrition, exercise, and physical growth. • Planning and incorporating outdoor and indoor physical activities into both home visits and group socialization experiences. Home visitors should encourage parents to appreciate the importance of physical development and to provide opportunities for children's outdoor and indoor active play. Strategies may include: • Helping parents to understand that children's constant movement is necessary for their development. • Identifying with parents opportunities for jumping, hopping, climbing, throwing, catching, running, and other large muscle activities (preferably outdoors). • Suggesting a variety of activities for small muscle development, such as tearing paper, cutting, drawing, buttoning, zipping, and sorting collections. • Helping parents understand that children's outdoor play allows them to use their bodies and voices more freely.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	• Encouraging parents to be spontaneous and enjoy dancing, creative movement, and playing games with their children. • Talking with parents about ways they can support their children's developing eye-hand coordination, such as sorting socks, playing with puzzles, pasting collages, and using sensory materials (water, sand, dough).
(ii) Providing appropriate guidance while children are using equipment and materials in order to promote children's physical growth.	(ii) Home visitors should assist parents in understanding the importance of permitting physical activity in children while guiding children in the safe use of equipment and materials both outdoors and indoors. Strategies may include: • Discussing with parents realistic expectations for their child as well as individual rates of physical development. • Identifying with parents equipment and activities appropriate for their child's age and ability. • Modeling for parents interactions that encourage and guide children's safe active play, both outdoors and indoors. • Encouraging parents to take safety precautions in a reassuring manner without overprotecting or making children fearful. • Working with parents to involve their children in making safety rules and to help them understand the reasons for the rules.
(c) The education services component of the plan shall provide for a program which is individualized to meet the special needs of children from various populations by:	
(1) Having a curriculum which is relevant and reflective of the needs of the population served (bilingual/bicultural, multicultural, rural, urban, reservation, migrant, etc).	(1) The home visitors and the parents should plan together learning experiences that reflect the cultural background of the families. Home visit activities and home visitor suggestions should be grounded in the family's cultural values. In addition, parents can serve as resources and facilitators of cultural experiences during group socialization and parent activities.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
(2) Having staff and program resources reflective of the racial and ethnic population of the children in the program.	(2) Consideration should be given to the family's primary language before assigning a home visitor to that family. Home visitors should be able to communicate in the parents' preferred language.
(i) Including persons who speak the primary language of the children and are knowledgeable about their heritage, and, at a minimum, when a majority of the children speak a language other than English, at least one teacher or aide interacting regularly with the children should speak their language; and	(i) Adults who can assist during group socialization activities may be: • Other members of the agency staff; • Another parent, family member, or neighbor; or • Volunteers who speak the family's language.
(ii) Where only a few children, or a single child, speaks a language different from the rest, one adult in the center should be available to communicate in the native language.	(ii) Home visits, group socialization activities, and parent meetings should be conducted in the language preferred by the parents. Every effort should be made to use materials appropriate to the parents' literacy levels.
(3) Including parents in curriculum development and having them serve as resource persons (e.g., for bilingual/bicultural activities).	(3) Home visitors and parents should work together on ways to integrate cultural experiences into home visits, group socialization activities, and parent meetings.
(d) The education services component of the plan shall provide procedures for on-going observation, recording and evaluation of each child's growth and development for the purpose of planning activities to suit individual needs. It shall provide, also, for integrating the educational aspects of other Head Start components into the daily education services program.	(d) The education plan should specify how the home visitor and parents will assess the individual developmental needs of children. Some ways this can be accomplished include: • Providing training for parents in observing and recording children's behavior; • Discussing children's development with parents during recruitment, enrollment, and home visits; • Home visitor and parent observing and recording the developmental progress of children; • Using appropriate assessment instruments in their entirety or as an observation guide; • Guiding parents' review of child's medical and developmental records; • Facilitating conferences with medical or psychological consultants where indicated. Parents and home visitors should use the developmental assessments of children's progress and achievement in planning home visits and group

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	socialization activities. All children should be screened using an agency-selected instrument. Children with suspected disabilities should be referred to an appropriate agency for diagnostic evaluation with consent of the parents. When indicated, the disabilities coordinator should work with both the parent and home visitor to develop an Individualized Education Plan (IEP). Plans should be reviewed and updated to reflect children's growth and progress. The IEP should be used as the basis for the home visit activities. Plans for home visits and group socialization activities should be based on the assumptions that: • Each child learns and develops at his or her own individual rate; • Learning is complex and interrelated; • Learning progresses from the simple to the complex; • Children learn from active use and exploration of materials and the environment; • Children learn by doing and through play; and • Children learn from activities and experiences in their primary language. The plan should include the following: • Long-range goals based on the evaluation of each family's and individual's current needs, interests, and abilities; • Specific activities and responsibilities of home-based staff, other staff, consultants, and component coordinators; • System for documenting home visits and other activities with families; • Consistent methods for observing and recording the progress of each family and child; and • Procedures to be used for reviewing each family's and child's progress and modifying the program when indicated.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	The home visitor should assist parents in understanding how the educational aspects of the Head Start components can be integrated naturally into the family's daily routines and practices. The home visits should, over the course of the month, contain elements of all Head Start program components. Home visitors should integrate health education activities into the program for parents with strategies that may include:* • Helping parents establish and maintain a healthy environment. • Providing parents with information on preventive medical, dental, and mental health care. • Assisting parents to find appropriate health care providers for their family. • Facilitating parents' development of first-aid procedures for the home. • Suggesting parents post a list of emergency telephone numbers in the home. • Giving parents information on safety, first-aid, and cardiopulmonary resuscitation (CPR) classes in the community. • Encouraging parents to model good health habits for their children, such as washing hands, getting adequate sleep, and brushing teeth. • Talking with parents about physical and dental examinations to increase their understanding. • Using data from health screenings and examinations to discuss children's health status and any necessary treatment and follow-up. • Guiding parents to observe and identify signs of stress in their children. *The suggested activities for health and nutrition were adapted with permission from Council for Early Childhood Professional Recognition. *Child Development Associate Assessment System and Competency Standards: Home Visitor*. Washington, D.C.: 1989.

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	• Helping parents in selecting books and pictures about doctors and dentists for family storytelling and to facilitate dramatic play. Home visitors should integrate nutrition education activities into the program for parents with strategies that may include: • Providing information to parents about good nutrition for their families. • Helping parents see the relationship between eating habits and healthy bodies. • Being sensitive to cultural and family traditions regarding food. • Helping families create a relaxed atmosphere during mealtimes that promotes conversation. • Conducting food preparation activities in group settings with follow-up in the homes when appropriate. • Sharing recipes with parents for foods that are high in nutrients and low in fats, salt, and sugar. • Suggesting ways for parents to maximize their food budgets and take advantage of community food and nutrition resources. In addition, home visitors should help parents to support children's developing nutrition habits with strategies that may include: •Helping parents identify opportunities for children to learn about foods through daily meal preparation. • Providing information to parents on how to introduce new foods. • Suggesting ways for parents to prepare foods that appeal to their children. • Helping parents plan a food preparation activity to conduct with their child in the home at least once a month. • Encouraging parents to establish routines in which children assist with table setting and clean-up during meals.

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	• Planning and conducting nutrition-related activities such as trips to local farms, dairies, restaurants, packaging facilities, markets, grocery stores, farmers' markets, and so on. • Encouraging parents to plant a garden at their home or in a community public garden, if feasible. • Suggesting children's books for parents to share with children that reflect nutrition themes.
(e) The plan shall provide methods for enhancing the knowledge and understanding of both staff and parents of the educational and developmental needs and activities of children in the program. These shall include:	(e) The education plan should indicate how home visitors will use the Community Needs Assessment and Family Needs Assessment to identify each family's strengths, interests, and needs, and use that information to develop an individualized Family Action Plan for each family. In addition, the plan should indicate some of the ways parents and staff will work together to understand and plan for each child's learning experiences.
(1) Parent participation in planning the education program, and in center, classroom and home program activities;	(1) The home visitor should encourage and confirm the importance of parent participation in planning the education program for home visits and group socialization activities. The agency should make every effort to provide parent training through workshops, newsletters, information provided during home visits, and other means.
(2) Parent training in activities that can be used in the home to reinforce the learning and development of their children in the center;	(2) Some examples are: • Orientation and training sessions; • Identifying experiences and designing activities for children and families at home; • Home visit focus on using routines for learning; and • Participation in group socialization activities, with follow-up discussions regarding observations.
(3) Parent training in the observation of growth and development of their children in the home environment and identification of and handling special developmental needs;	(3) Provide parents with child growth and development information during home visits as well as through training programs, publications, films/ videotapes, and other means.
(4) Participation in staff and staff-parent conferences and the making of periodic home visits (no less than two) by members of the education staff;	(4) In addition to the home visitor, component coordinators should participate in one or more home visits to provide support and expertise

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	regarding mutual concerns. Areas of mutual concern to be discussed could include: • Child's developmental progress; • Childrearing issues and appropriate disciplinary strategies; • Discussion of health problems or disabilities of a family member; • Preventive health practices (dental, medical, nutritional, mental health, including coping with stress and crisis); • Safety and sanitation in the home, including accident prevention and other risks; • Child abuse and neglect; and • Child and family nutrition and consumer education. Arrangements for such visits should respect parents' wishes and convenience and should be coordinated with the home visitor's regular schedule.
(5) Staff and parent training, under a program jointly developed with all components of the Head Start program, in child development and behavioral developmental problems of preschool children; and	(5) An orientation and training program should be planned in cooperation with other component staff members and parents. The training program should provide for periodic formal and informal sessions. The content, organization, staffing, and scheduling will depend on the individual program needs as determined in the planning stage. Training sessions could be conducted for some parents while others are participating in group socialization activities with the children, using a rotating schedule, and based on parents' needs and interests. Training should focus on the normal child as well as the child with disabilities. Emphasis should be on mental, physical, social, and emotional growth and development. Agencies should identify opportunities for training or continuing education to contribute to staff competence. Training based on Child Development Associate (CDA) competency standards for home visitors is an appropriate means for achieving this.

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(6) Staff training in identification of and handling children with special needs and working with the parents of such children, and in coordinating relevant referral resources.	(6) The focus on this training should be on individualization: meeting the needs of the child and the child's family.
1304.2-3 EDUCATION SERVICES PLAN CONTENT: FACILITIES	
(a) The education services component of the plan shall provide for a physical environment, conducive to learning and reflective of the different stages of development of the children. Home-based projects should make affirmative efforts to achieve this environment. For center-based programs, space shall be organized into functional areas recognized by the children, and space, light, ventilation, heat, and other physical arrangements should be consistent with the health, safety and developmental needs of the children. To comply with this standard:	(a) The space used for group socialization activities should meet safety, health, and developmental needs of children.
(1) There shall be a safe and effective heating system;	Home visitors should assist families in achieving and/or maintaining safe home environments, indoors and, where applicable, outdoors.
(2) No highly flammable furnishings or decorations shall be used.	
(3) Flammable and other dangerous materials and potential poisons shall be stored in locked cabinets or storage facilities accessible only to authorized persons; Training also should familiarize staff and parents with appropriate referral resources in the community. (Refer to 1304.3-3(b)(10).	
(4) Emergency lighting shall be available in case of power failure;	
(5) Approved, working fire extinguishers shall be readily available;	
(6) Indoor and outdoor premises shall be kept clean and free, on a daily basis, of undesirable and hazardous material and conditions;	
(7) Outdoor play areas shall be made so as to prevent children from leaving the premises and getting into unsafe and unsupervised areas;	
(8) Paint coatings on premises used for care of children shall be determined to assure the absence of a hazardous quantity of lead;	

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(9) Rooms shall be well lighted;	
(10) A source of water approved by the appropriate local authority shall be available in the facility; adequate toilets and handwashing facilities shall be available and easily reached by children;	
(11) All sewage and liquid waste shall be disposed of through a sewer system approved by an appropriate responsible authority, and garbage and trash shall be stored in a safe and sanitary manner until collected;	
(12) There shall be at least 35 square feet of indoor space per child available for the care of children (i.e., exclusive of bathrooms, halls, kitchen, and storage places). There shall be at least 75 square feet per child outdoors; and	
(13) Adequate provisions shall be made for handicapped children to ensure their safety and comfort.	
Evidence that the center meets or exceeds State or local licensing requirements for similar kinds of facilities for fire, health, and safety shall be accepted as prima facie compliance with the fire, health and safety requirements of this section.	If the state or local jurisdiction requires licensing of the site for group socialization activities, the agency should comply. Where no licensing is required, the grantee should request advice from local fire and health departments in determining safety standards.
(b) The plan shall provide for appropriate and sufficient furniture, equipment and materials to meet the needs of the program, and for their arrangement in such a way as to facilitate learning, assure a balanced program of spontaneous and structured activities, and encourage self-reliance in the children. The equipment and materials shall be:	(b) Agencies should ensure that appropriate space and equipment are available for group socialization activities. Arrangements should be made for organizing the group socialization space prior to the families' arrival. Smaller groups can meet in houses on occasion. Home visitors should assist the hosting family in organizing spaces for young children's home learning.
(1) Consistent with the specific educational objectives of the local program;	
(2) Consistent with the cultural and ethnic background of the children;	
(3) Geared to the age, ability, and developmental needs of the children;	
(4) Safe, durable, and kept in good condition;	

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(5) Stored in a safe and orderly fashion when not in use; (6) Accessible, attractive, and inviting to the children; and (7) Designed to provide a variety of learning experiences and to encourage experimentation and exploration.	

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1304.3-1 Health services general objectives. The general objectives of the health services component of the Head Start program are to: (a) Provide a comprehensive health services program which includes a broad range of medical, dental, mental health and nutrition services to preschool children, including handicapped children, to assist the child's physical, emotional, cognitive and social development toward the overall goal of social competence. (b) Promote preventive health services and early intervention. (c) Provide the child's family with the necessary skills and insight and otherwise attempt to link the family to an ongoing health care system to ensure that the child continues to receive comprehensive health care even after leaving the Head Start program.	**INTRODUCTION** (a), (b), and (c) Head Start home-based staff should view "health" as an integrated process involving physical, mental, social, cultural, and ethical factors. The health program's focus in the home-based option should be on encouraging and supporting families to advocate and take responsibility for themselves in the following areas: • Establishing and maintaining health and nutrition practices that are appropriate and preventive; • Preventing illness, nutritional disorders, and accidents; • Intervening at an early age when health or nutritional problems are detected; and • Advocating health promotion in all areas for all family members. The health requirements for screening, examinations, and treatment are the same for the home-based and the center-based options. For parents to ensure that their child receives comprehensive health care, they should be aware of and be a part of the health procedures received by their child. Agencies should arrange for parents to be present for all health screenings and examinations. The health coordinator or other health staff should interpret the data from the screenings and examinations to help the home visitor provide information to parents, affording them opportunities to conduct health education during home visits regarding: • Immunization status • Growth assessments • Vision testing • Hearing testing • Hemoglobin or hematocrit determination • Tuberculin testing • Urinalysis • Speech screening • Medical examinations • Dental screenings • Developmental screenings and assessments

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	• Lead screening • Sickle cell screening • Other selected screenings, where appropriate. Refer to 1308.17 and 1308.18 for coordinated services and eligibility criteria for children with disabilities.
1304.3-2 HEALTH SERVICES ADVISORY COMMITTEE. The plan shall provide for the creation of a Health Services Advisory Committee whose purpose shall be advising in the planning, operation and evaluation of the health services program and which shall consist of Head Start parents and health services providers in the community and other specialists in the various health disciplines. (Existing committees may be modified or combined to carry out this function.)	In order to achieve the comprehensive goals, the health program should be planned by professionally competent people. Planning should take place early and should involve a wide cross section of the professional health talent available in the community. The committee should be represented by all four areas of health professionals, that is, medical, dental, mental health, and nutrition. Agencies should recruit health and other professionals familiar with home-based service delivery, as well as individuals representative of the racial and ethnic groups served by the home-based option. Representatives from social service agencies may serve on the committee to ensure better inter-agency referral. The committee should meet at least twice a year to: • Advise on the development of health services, • Advise on the development of the health education program, and • Approve the health plan. Examples of people who could be involved in planning the health program of the Head Start agency include: a. Pediatricians and the American Academy of Pediatrics b. Family practitioners and the Academy of Family Practitioners c. Other physicians and the county and state medical societies d. Local, regional, and state health offices e. Child and general psychiatrists and their associations f. Hospital administrators and their associations

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	g. Dentists, dental hygienists, and their associations h. Public health nurses, school nurses, pediatric nurse practitioners, and nursing associations i. Nutritionists and their associations j. Optometrists and their associations k. Psychologists and their associations l. Medical technologists and their associations m. Speech and hearing personnel and their associations n. Representatives of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program o. Representatives from program funded through Public Law 99-457 (amendments to the Educations of the Handicapped Act). The plan should indicate the number of parents and specific health professionals on the Health Services Advisory Committee; goals and objectives; and projected number of meetings. For agencies that implement center- and home-based services, the plan should note how the agency will ensure proportionate representation of center- and home-based option parents on the Health Services Advisory Committee. Involving parents, health professionals, and their organizations in planning will ensure that the health program is tailored to the needs of the families and that it utilizes fully the resources available in the community without duplicating already existing services. The health professionals should be aware of common health practices and needs in their community, as determined by an analysis of the Community Needs Assessment. The Health Services Advisory Committee should develop guidelines to deal with health and nutrition behaviors that may be potentially harmful to a child. Organizations and individuals who are involved in the early planning of a program are likely to cooperate fully in the implementation of the program.
1304.3.3 MEDICAL AND DENTAL HISTORY, SCREENING, AND EXAMINATIONS. (a) The health services component of the performance standards plan shall provide that for each child enrolled in the Head Start program a complete	(a) As much pertinent health information as possible should be accumulated and recorded for each target child. This should be performed as

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medical, dental and developmental history will be obtained and recorded, a thorough health screening will be given, and medical and dental examinations will be performed. The plan will provide also for advance parent or guardian authorization for all health services under this subpart.	soon after the child is enrolled as is feasible. There are three main sources for such information: records of past medical and dental care, home visitor observations, and interviews with parents or guardians. Every effort should be made to obtain records or summaries of the significant medical and dental care and immunizations that each target child has received in the past, with parental consent. This information may be available from hospital clinics, private physicians and dentists, or health department-sponsored well-child clinics. In special cases, it may be desirable to obtain the mother's and infant's delivery and birth history from the hospital where the child was born, especially if the child now shows evidence of neurologic impairment. Written records of important health events are important supplements to the mother's recollection of such events. By acquiring such records before the physician performs the complete health evaluation, a great deal of repetition, wasted time, and unnecessary concern may be avoided. As part of the Family Needs Assessment, home visitors also should review medical, dental, and developmental information on non-target children and other family members to assist families in identifying health areas in need of intervention and provide referrals, advocacy, and/or other services to address family members' health problems. Health providers should be informed of program requirements for health services. An example of the type of information required is contained in the CHILD HEALTH RECORD available from the Head Start Bureau, P.O. Box 1182, Washington, DC 20013. Timely informed written parental consent should be obtained for authorization of all health services provided/arranged for children by the agency. Parents and home visitors are in an ideal position to observe children's health on an ongoing basis. Agencies should provide training for parents and home visitors on observation strategies for behaviors related to health needs. Poor coordination, dental problems, short attention spans, excessive activity or tiredness, unintelligible

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	speech, or withdrawal from others should be noted by the home visitor and/or parent and shared with the physician at the time of the medical examination. Agencies should make formal provision to ensure that parents' and home visitors' observations of children's health and behavior are available to the physician at the time of the medical evaluation. An example of the type of form and information the home visitor and parent should record is contained in the CHILD HEALTH RECORD.
(b) Health screenings shall include:	(b) Home visitors should work with the health coordinator and parents to ensure that screening tests are completed for all target children. Agencies can provide training for home visitors and/or others to perform some of the screening tests. The tests do not represent a complete evaluation, but identify children who require more complete professional evaluation. Health coordinators/home visitors are encouraged to schedule screening for children who appear to have health problems or disabilities early in the year (the spring before when possible) so that valuable time will not elapse before their health conditions or disabilities can be addressed. Screenings should be completed within 45 days after the child is enrolled or entered into the program. Home visitors should use the screenings as opportunities to involve parents in health education. It is important that the results of the screenings, as well as the complete medical and developmental history, are available to the physician at the time of medical examination. This will identify children with needs and alert the physician to problems requiring a more complete professional evaluation. A diagnostic evaluation should be arranged for each target child with atypical/abnormal findings resulting from screenings. If a child has had a diagnostic evaluation with an atypical/abnormal finding within the past 12 months or is currently under treatment for that finding, the diagnostic evaluation need not be repeated.

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	Home visitors should discuss screening tests for non-target children and other family members with the parents and assist them with referrals and/or advocacy. When families cannot afford adequate health care, and providers who are within the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program or who accept Medicaid or other public funding are not available, Head Start personnel should contact the local and/or State Commissioner of Public Health regarding this problem. In discussions of screening tests with parents, home visitors could provide information regarding contemporary health problems, such as alcohol- and drug-related birth defects, and prevalent infectious diseases, such as rubella and its effects on pregnant women and young children, acquired immune deficiency syndrome (AIDS), and transmission of human immunodeficiency virus (HIV). Home visitors should refer family members with concerns regarding HIV/AIDS and other diseases to local AIDS service organizations, public health clinics, or private health care providers for appropriate screenings, anonymous/confidential HIV antibody testing, counseling, or other services.
(1) Growth assessment (head circumference up to two years old) height, weight, and age.	(1) Head circumference measurement is not necessary after the child reaches two years of age. (A health professional should teach this procedure to home visitors and parents.) The results of careful height and weight measurements for each child in the family between birth and 5 years of age should be recorded on standardized growth charts in the beginning and approximately two months prior to the end of the school year so that a failure to gain weight or too rapid a gain in weight will allow time for follow-up. A beam balance scale is more accurate than an ordinary bathroom scale and should be used when possible. Heights should be measured with the child standing straight with the back to a wall (without baseboard molding) on which is mounted a wooden or metal measure. A straight-edged device rested on the child's head is held at right angle to the measure. In interpreting height and weight measure-

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	ments, analyze height for age, weight for age, and weight for height. Use the National Center for Health Statistics growth chart. In evaluating poor nutrition and poor growth, the rate of growth of a child between two measurements separated in time is more important than a single measurement. For this purpose, and whenever available, weights and measurements that were obtained in previous medical examinations should be recorded on a graphic recording sheet. The smaller child who is growing at a normal rate is likely to be well-nourished and free from serious disease. Even a larger child who is growing at an unusually slow rate might have some significant adverse condition affecting the child's health.
(2) Vision testing.	(2) Visual acuity and strabismus testing requirements for the home-based option are the same as the center-based option requirements. Vision testing should be completed with parents present. Children should be provided with experiences in playing "the E game" so that fear or lack of understanding instructions do not affect the testing results. A child who is unable to learn to "play the E game" should be reported as "non-testable" and may be given further instruction in the "E game" and retested at a later date. Agencies should arrange for vision testing to be conducted at an appropriate facility.
(3) Hearing testing. Height/weight screenings should be completed with parents present. Discussion of the health screening data can serve as the health education aspect of a home visit.	(3) Audiometric testing should be done every two years beginning at age three. Audiometric testing requirements for the home-based option are the same as the requirements for center-based option programs. Children will be better prepared for testing if the procedure is demonstrated to them prior to test administration so that they can be made familiar with the sounds and taught to make the desired response..
(4) Hemoglobin or hematocrit determination.	(4) A hemoglobin or hematocrit determination should be made at the beginning of the first year of the target child's enrollment. An accurate test of hemoglobin concentration is the best screening test for anemia. However, accurate tests require trained technicians and equipment that is moderately expensive. The microhematocrit test is somewhat less precise as an indicator of anemia. However, the

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	laboratory determination itself is so simple and accurate that this test could often be more practical than a hemoglobin test. Most community hospitals will have equipment to perform this test, as will many health department clinics and Women, Infants and Children program (WIC) sites. In using either of these tests, blood samples may be obtained at a community clinic or at another convenient place by a technician or nurse. The blood samples can then be transported and tested in a central location. Children with anemia and similar medical/ nutrition problems need specific diagnoses and treatment. Home visitors and health coordinators should check to see that services are being provided. A child with a hemoglobin of less than 11 or hematocrit of less than 34 is considered to be anemic. This is consistent with the Standards of Public Health Service, Maternal and Child Health, and with Centers for Disease Control (CDC) National Nutrition Status Survey as well as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidance material.
(5) Tuberculin testing where indicated	(5) Tuberculin testing requirements for the home-based option are the same as the requirements for center-based option agencies. When indicated, agencies can conduct tuberculin testing at a community clinic or at another convenient location by trained personnel. Home visitors should assist parents in arranging for the tests to be given, and for the tests to be read by a health care provider three days after they are given (two to three days for the Mantoux intracutaneous test).
(6) Urinalysis	(6) Urinalysis requirements for the home-based option are the same as the center-based option requirements. As necessary, home visitors should coordinate with the health coordinator and parents to obtain urine specimens from target children in the home or through clinic and physician's office visits.
(7) Based on community health problems, other selected screenings where appropriate, e.g., sickle cell anemia, lead poisoning, and intestinal parasites.	(7) The state health department, local board of health, the pediatric consultant, and the Health Services Advisory Committee provide information to ascertain whether sickle cell anemia, lead poisoning, prenatal drug exposure, drug use, and intestinal parasites are community health problems

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	or specific health problems in the population you serve. Problems such as head lice also should be dealt with in this manner.
(8) Assessment of current immunization status.	(8) Staff should check medical records and consult with parents on the target child's current immunization status regarding diphtheria, pertussis, tetanus, measles, polio, German measles, hepatitis B, Haemophilus influenzae b (Hib), and mumps. Home visitors, parents, and other staff, as appropriate, should review immunization records of non-target children and other family members. Home visitors should assist parents in obtaining immunizations for family members who are in need of them through referrals and/or advocacy.
(9) During the course of health screening, procedures should be in effect for identifying speech problems, determining their cause, and providing services.	(9) Many children talk very little during a medical examination, and the physician is in a poor position to judge the adequacy of their speech. Efficient screening of very young children can be done quickly and informally by having children talk about stimulus pictures, repeat key words containing a variety of speech sounds, and relate oral information spontaneously. In general, remedial speech services should be provided only where conditions suggest that, without attention, a disability will continue into late childhood. Home visitors and parents, with supervisory support as needed, should record observations on target children whose speech is substantially different from other children the same age. Staff should make these observations available to the physician at the time of the medical examination. The team of physician, Head Start staff, and parents can discuss the need for further screening or evaluation. When speech and hearing professionals are available to the Head Start program, they should work in conjunction with the physician, home visitor, and parents in detecting, examining, and evaluating speech abnormalities. Every language community or geographic area has certain differences from so-called standard speech in pronunciation, vocabulary, and grammar. It should be recognized that a sizeable

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	number of preschoolers have unclear speech due to immature articulation patterns and will mature and develop normally if they receive the necessary developmental services. Therefore, a child who may speak a language other than English or ethnic colloquialisms should not be regarded as speech impaired. The Health Services Advisory Committee should develop this procedure including the utilization of speech and hearing professionals and outlining a schedule for checking suspect speech abnormalities. Home visitors should discuss with parents speech screening for non-target children whose speech is substantially different from other children the same age. When indicated, home visitors should assist parents through referrals and/or advocacy to obtain speech screening for these children.
(10) Identification of the special needs of handicapped children.	(10) Special needs of children with diagnosed disabilities can be identified from the results of evaluations, medical examinations, parent interviews, and observations by home visitors and health and mental health professionals. When a child who may require a more complete professional evaluation for disabilities is identified, the health and disabilities coordinators, the home visitor, and the parents should work together to arrange for diagnostic evaluations. As appropriate, the Individualized Education Plan (IEP) for each child should indicate: • How the group socialization site accommodates the child's disabilities, • Any necessary modification of group socialization activities, • Specific goals and objectives from the Family Action Plan, and • Appropriate activities for the Home Visit Weekly Plans. (See 1308.19 -*Developing Individualized Education Program* for IEP requirements)

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	A number of children may be receiving a predetermined set of screening services through public health clinics, neighborhood health centers, or Title XIX Medicaid Early and Periodic Screening, Diagnosis and Treatment, and so on. If this set of screening services does not include all of those screenings herein required in the performance standards, Head Start should see that all required screenings are provided. Agencies should determine home-based/center-based option placement in the least restrictive and most appropriate setting for each child.
(c) Medical examinations for children shall include: (1) Examination of all systems or regions which are made suspect by the history or screening test. (2) Search for certain defects in specific regions common or important in this age group, i.e., skin, eye, ear, nose, throat, heart, lungs, and groin (inguinal) area.	(c) An undressed medical examination/assessment which includes blood pressure reading should be performed every two years beginning at age three. NOTE: Medical examinations, hearing and vision tests need not be performed for target children who have had these screenings within the required periodicity schedule and the program has records of the results.
(d) The plan shall provide, also, in accordance with local and State health regulations that employed staff have initial medical examinations, periodic check-ups, and are found to be free from communicable disease; and that volunteer staff be screened for tuberculosis.	(d) Staff and volunteers with respiratory infections, skin infections, or other types of communicable diseases that are transmissible by airborne or food-borne pathogens should not have contact with families. Depending on conditions in the community, tuberculin testing, miniature chest X-rays or full size chest films may be the most economical forms of diagnostic procedures. Tuberculin screening, unless recommended by the Health Services Advisory Committee, is not necessary for the occasional volunteer. Parents who participate in group socialization activities should be screened for tuberculosis when necessary (that is, from a family with a history of tuberculosis, living in a community in which the prevalence of tuberculin sensitivity is high, or presents symptoms consistent with tuberculosis).
1304.3-4 Medical and dental treatment. (a) The plan shall provide for treatment and follow-up services which include:	(a) The purpose of all examinations and screening tests is to identify individuals in need of treatment. Examinations that do not lead to needed

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	remedial or rehabilitative treatment represent a waste of time and money. The home visitor should arrange with the health coordinator to inform parents about health services and assist them in scheduling further evaluation, diagnosis, and/or treatment. Home visitors should introduce parents to Head Start health services regarding evaluation, diagnosis, and treatment, and assist parents in arranging and paying for the services. Home visitors should assist parents in arranging for the diagnosis and treatment of health problems for non-target children and other family members, and for treatment that will continue after the target child leaves the Head Start program. In addition, home visitors should provide information to parents regarding agencies that can assist families with their future health care needs. Home visitors should arrange with the health coordinator for careful and repeated review of health records to ensure that recommended treatment is provided and that health care providers are planning and completing follow-up services.
(1) Obtaining or arranging for treatment of all health problems detected. (Where funding is provided by non-Head Start funding sources there should be written documentation that such funds are used to the maximum feasible extent. Head Starts funds may be used only when no other source of funding is available). In addition, agency staff should identify health care providers who are culturally sensitive. Home visitors should refer families to these providers, as appropriate.	(1) Medical and dental treatment should be completed by the end of the operating year. If completion is not possible, a system should be in place for continuing the treatment after the target child leaves the program. The agency should coordinate and supplement existing resources for the health care of children; it should not duplicate them. When existing service programs do not meet the standards because of inaccessibility, unacceptability, or poor professional quality, funds may be used to supplement the existing services and bring them to standard. Head Start funds should be used only after all community resources, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds, and third party payments for which each target child is eligible have been used. Only if existing services cannot be modified should new services be arranged or purchased. Resources for health care services vary from community to community. Those identified for the

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	center-based option also can serve home-based families. Other agencies can assist home-based staff and parents in identifying health care providers for diagnosis and treatment. These agencies include: • Head Start training and technical assistance centers; • State family support and education programs, such as the Parent Education Support Centers in Connecticut and the Family Support Centers in Maryland; • Child Care Resource and Referral programs, which often maintain information regarding health care resources as well as child care providers; • Women, Infants, and Children Program (WIC); • American Academy of Pediatrics; • Association for the Care of Children's Health; • National Coalition of Hispanic Health and Human Services Organizations; • Family support programs funded as part of P.L. 99-457; • National Pediatric HIV Resource Center; and • Local AIDS service organizations. One of the central goals of Head Start and roles of the home visitor is to introduce the family to a physician or clinic that will provide ongoing care and promote preventive health practices during and beyond the Head Start Program involvement.
(2) Completion of all recommended immunizations-diphtheria, pertussis, tetanus (DPT), polio, measles, German measles. Mumps immunization shall be provided where appropriate.	(2) Immunization instructions: (a) "Complete" immunization is defined as follows: (i) DTP—five doses of DTP (Diphtheria, Tetanus, and Pertussis) vaccine, however, it is permissible to delay fifth dose until the child enters school if that is the preference of the child's health care provider.

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	(ii) Polio-Oral Polio vaccine (OPV)—four doses are required at 2 months, 4 months, 15 months, and between 4 and 6 years of age. (iii) Measles, Mumps, and Rubella—first dose at 15 months of age and a second dose is recommended upon entry to middle or junior high school unless a second dose was given previously. In areas at high risk for measles, the first dose should be given at 12 months of age. Also vaccinate against hepatitis B and Haemophilus influenzae b (Hib). Home visitors and the health coordinator should identify missing immunization doses. For target children, home visitors and the health coordinator should ensure that parents secure health care services to complete immunization. For other family members, home visitors should provide parents with information regarding immunization, referral, and/or advocacy to obtain needed doses. Refer to ACYF Information Memorandum 88-16 for the ages at which children should receive each dose.
(3) Obtaining or arranging for basic dental care services as follows:	(3) Dental providers should be made aware of the basic dental care services required by Head Start. Arrange for basic dental care services with dentists who are accessible and available. Choose a dentist who is sensitive to the dental needs of Head Start families. "Fear of the dentist" is a common phenomenon that may be prevalent in Head Start children and families who have not received regular dental care. A considerate dental provider can help alleviate anxieties associated with visits to the dental provider. Home visitors and the health coordinator should work with parents to ensure that each target child has a dental screening. The home-based option requirements for dental screening are the same as the requirements for the center-based option. The dental screening should be completed by a dentist, dental student, dental hygienist, or dental assistant. In addition, a dental sciences professional could train home-based staff and parents to conduct dental screenings.

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	Priorities/categories for target children are as follows: (1) Children who have special needs requiring immediate attention, that is, painful teeth and/or gums, badly decayed teeth/obvious large cavities, swelling and bleeding or pus formation around the gums. (2) Children with observable decayed teeth/ cavities. (3) Children with no observable disease who require a dental examination and any necessary preventive dental care services.
(i) Dental examination.	(i) The annual dental examination by a dentist is an oral diagnostic procedure which should include diagnostic radiographs (x-rays) only if the dentist determines that they are absolutely necessary. The examination should be performed within 90 days of the target child's entrance into the program. For non-target children and other family members, home visitors and the health coordinator should provide parents with information regarding dental examinations, referrals, and/or advocacy to assist them in securing dental care for all family members.
(ii) Services required for the relief of pain or infection. (iii) Restoration of decayed primary and permanent teeth. (iv) Pulp therapy for primary and permanent teeth as necessary. (v) Extraction of non-restorable teeth.	(ii, iii, iv, v, vi) Home visitors and the health coordinator should work with parents to ensure that each target child receives needed follow-up dental services and prophylaxis. For non-target children and other family members, home visitors should provide information regarding dental services, referrals, and/or advocacy.
(vi) Dental prophylaxis and instruction in self-care oral hygiene procedures.	(vi) Home visitors should provide instruction in toothbrushing and flossing according to each individual family's assessed needs. (Flossing should be taught to children eight years of age or older.)
(vii) Application of topical fluoride in communities which lack adequate fluoride levels in the public water supply.	(vii) All individuals should receive the proven dental health benefits of fluoride. Fluoridation benefits occur most ideally if the community water

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	supply is fluoridated adequately. The local, county, or State health department; or local, county, or State dental association; or the U.S. Public Health Service consultant should be contacted to determine the adequacy of community water fluoride levels. It is important to know if fluoride is or is not present naturally in the community water supply or in well water. If the community water supply lacks optimal fluoride levels, a fluoride supplement program should be implemented. A fluoride supplement program is usually a daily regimen of prescription fluoride tablets. You can receive needed professional assistance in the fluoridation effort from the dentist who serves the program or from the U.S. Public Health Service dental consultant, the dental or medical professional on the Health Services Advisory Committee, the local pediatrician, or the health departments and dental associations mentioned above. Application of topical fluoride also is appropriate in communities that do not have adequately fluoridated water supplies. In addition, even in those communities with adequately fluoridated water, individuals with rampant caries will benefit from topical application. The dentist can best make this determination. Another beneficial dental health measure is the selective use and application of dental sealants, particularly for the older children in the program. A dental sealant is a plastic adhesive film material which is applied by the dental professional to the chewing surfaces of selected molar teeth to prevent dental decay. The dentist can best determine during the dental examination if dental sealants are indicated for a particular child. Agencies are encouraged to ask the dentist and/or the dental consultants listed above, for information in regard to dental sealants.
(b) There should be a plan of action for medical and dental emergencies.	(b) Home visitors should help families develop plans of action for medical emergencies in the home. The plans could include telephone numbers for health care providers, emergency numbers, procedures for contacting household adults when they are away from home, and procedures for fire drills and natural emergencies, such as earthquakes and tornadoes.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	Agencies should provide to staff and parents first aid and/or cardiopulmonary resuscitation (CPR) instruction in homes or group settings.
1304.3-5 MEDICAL AND DENTAL RECORDS. The plan shall provide for: (a) The establishment and maintenance of individual health records which contain the child's medical and developmental history, screening results, medical and dental examination data, and evaluation of this material, and up-to-date information about treatment and follow-up;	The health records should be used for: (1) identifying needed preventive and corrective care, (2) arranging for such care, and (3) providing an educational program suited to the individual child and family strengths, interests, and needs. To aid the individual, the record should summarize completely and concisely health findings as determined from the history, screening tests, and medical and dental evaluation and should record all preventive measures in a way that clearly shows which recommended preventive measures have not yet taken place.
(b) Forwarding, with parental consent, the records to either the school or health delivery system or both when the child leaves the program;	Whenever an individual is referred for consultation or treatment, all of the information in the health record should be made available to the consulting or treating professional to ensure more timely treatment.
(c) Giving parents a summary of the record which includes information on immunization and follow-up treatment; and	To aid physicians, dentists, and health workers in providing needed health care, the record should provide a sufficient background of social, medical, and educational information of a general nature so that each health professional dealing with the individual need not accumulate his own record and history.
(d) Assurance that in all cases parents will be told the nature of the data to be collected and the uses to which the data will be put, and that the uses will be restricted to the stated purposes.	To serve the educational needs of the family, health findings should be translated into recommendations for home visits. This process should begin at the time the original health diagnoses are made. It should then be elaborated both by further written recommendations and by conferences between the health coordinator, home visitors, parents, and health personnel. Following medical and dental examinations, a copy of the treatment plan, if needed, should be part of the individual's health record. In addition, records should indicate the progress in completing treatment for all conditions in need of follow-up as a result of screenings and medical and dental examinations.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	A health data tracking system, such as the Health Data Tracking Instrument (HDTI), should be used in the programs to see the target child's health status. It is useful in identifying health services performed or yet to be done, follow-up (referral or treatment) needed and/or completed. The HDTI is available from the Head Start Bureau, Box 1182, Washington, D.C. 20013. Records should indicate the progress in completing treatment for all conditions in need of follow-up as a result of screenings and medical examinations. Health records contain a large amount of information of a confidential nature. The privacy and confidence of this information should be respected. The records should be kept in a place that is not accessible to unauthorized persons. Such information should be available to home visitors for planning purposes, but not available routinely to other program staff. The health coordinator should assist home visitors with translating confidential health information into useful recommendations for health education, support, referrals, and advocacy. Health information should not be released to insurance companies or other inquiring agencies without written consent of adult family members or the child's parents or guardian. Home visitors should review children's health records with the parents and help them to establish and maintain health files for their children. A health record summary should be given to parents so they have a written account of children's current health status annually. Following parent approval, each child's health record should be transferred to the school in order to ensure continuity of health services.
1304.3-6 Health education. (a) The plan shall provide for an organized health education program for program staff, parents and children which ensures that:	(a) Health personnel should devote a substantial amount of time to helping the Head Start staff and parents understand the implications of health findings for individuals and for the program in general. Consultations between health personnel and the home-based staff are suggested for this purpose.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
(1) Parents are provided with information about all available health resources;	(1) Home-based staff should use a variety of strategies for providing information about health resources to parents during home visits, parent meetings, and training sessions. These strategies include discussion, distribution of resource materials, use of resource persons, and use of videos. Efforts should be made to identify resources appropriate to each locale.
(2) Parents are encouraged to become involved in the health care process relating to their child. One or both parents should be encouraged to accompany their child to medical and dental examinations and appointments;	(2) Home visitors should assist parents to understand their primary role in securing needed health care for the family. The parent's role includes recognizing health problems, identifying health care providers and payment methods, and accompanying children to health care provider appointments.
(3) Staff are taught and parents are provided the opportunity to learn the principles of preventive health, emergency first-aid measures, and safety practices;	(3) Procedures should outline measures to be taken in medical and dental emergencies at home and at the group socialization facility. Preventive health topics can include prenatal and postnatal health; immunizations; sanitation; accident prevention; hazards of toxic lead paint; first-aid for cuts, bruises, insect bites, and burns; prevention of dental cavities; use of fluorides; and other specific community health problems. The health education program should include instruction regarding routine procedures for handling blood or body fluids when helping injured children and adults, helping children who have soiled their clothes to undress, and for other instances in which the possibility of contact with another's body fluids exists. The health education program also should address prevalent myths and misinformation about how diseases spread. Staff should be aware of common health practices in their community and incorporate this information into the health education program.
(4) Health education is integrated into ongoing classroom and other program activities.	(4) The most important health education activity of a program is the example it sets by providing each child and family member with pleasant, dignified, individualized care within the health program. Parents learn from the emphasis placed on careful examinations, immunizations, and dental care, that such health activities are important for their children and themselves. Parents' participation in the health care process

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	can be an effective method of health education for the entire family. Each month, home visitors should integrate health education, based on interests and needs documented in the Family Action Plan, into home visits and group socialization activities. Health education should address prevalent community health problems, strategies for maintaining good health practices, childhood disease prevention, HIV transmission and strategies for supporting people with HIV disease, and other relevant areas. Refer to the Dental Health Curriculum, available from the Head Start Bureau, P.O. Box 1182, Washington, D.C. 20013, for information regarding dental health education.
(5) The children are familiarized with all health services they will receive prior to the delivery of those services.	(5) Home visitors should help parents prepare children for medical and dental procedures. Screening tests, immunizations, and examinations can be addressed through concrete experiences for children during home visits and group activities. This will prepare children for unusual experiences and help them understand how each of these measures contributes to their health.
1304.3-7 Mental health objectives. The objectives of the mental health part of the health services component of the Head Start program are to: (a) Assist all children participating in the program in emotional, cognitive and social development toward the overall goal of social competence in coordination with the education program and other related component activities; (b) Provide handicapped children and children with special needs with the necessary mental health services which will ensure that the child and family achieve the full benefits of participation in the program; (c) Provide staff and parents with an understanding of child growth and development, an appreciation of individual differences, and the need for a supportive environment; (d) Provide for prevention, early identification	These are the outcomes toward which the program should be directed.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
and early intervention in problems that interfere with a child's development;	
(e) Develop a positive attitude toward mental health services and a recognition of the contribution of psychology, medicine, social services, education and other disciplines to the mental health program; and	
(f) Mobilize community resources to serve children with problems that prevent them from coping with their environment.	(f) Community resources should be utilized to serve the needs of children and parents in the Head Start agency.
1304.3-8 Mental Health services.	
(a) The mental health part of the plan shall provide that a mental health professional shall be available, at least on a consultation basis, to the Head Start program and to the children. The mental health professional shall:	(a) A mental health professional is an individual licensed by a state to perform mental health services and can include a child psychiatrist, a psychologist, a psychiatric nurse, or a psychiatric social worker. These professionals should have experience in working with young children and adults. A mental health aide or intern may be a member of the mental health team provided the aide or intern is under the supervision of one of the above professionals. A mental health professional may be secured from a mental health center, the school system, a university, or from others capable of providing comprehensive mental health services. The parents, home visitor, mental health professional, and health coordinator should work together to identify any mental health services family members might need. The home visitor should assist the parents in obtaining mental health services as needed (for example, victims of abuse or individuals with terminal illness, AIDS-related complications, and so on.)
(1) Assist in planning mental health program activities;	(1) The mental health professional should meet with the Head Start Director, the coordinator responsible for mental health services, and representative parents to assist in analyzing the Community Needs Assessment and developing a plan for delivery of mental health services. Home visitors should inform parents of the content of the plan and the availability of mental health services and resources. These services shall be ongoing and as needed. Gender and cultural issues need to be considered when planning mental health services.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	The planning should focus on the setting of priorities according to agency needs and availability of trained personnel and resources. Mental health program activities should include: • Pre-service and in-service training for home visitors; • Regular consultation with home visitors; • Working with parents; • Screening, evaluation, and recommendations for intervention for target children with mental health needs; and • Referrals/advocacy for screening, evaluation, and recommendations for non-target children and other family members with mental health needs. The mental health professional should meet annually with appropriate staff and parents to assist in evaluation and revision of objectives.
(2) Train Head Start staff;	(2) The mental health professional should: • Be involved in determining mental health training needs, designing the mental health training plan, and selecting the trainers. • Help staff members better understand normal development and common behavior problems seen in children. • Train home visitors to observe for appropriate family dynamics and/or atypical behaviors that might indicate problems and need for referral. • Provide training in communication enabling home visitors to discuss potential problems or areas of concern with parents when necessary.
(3) Periodically observe children and consult with teachers and other staff;	(3) The mental health professional can provide practical advice and help to home visitors by: • Observing at least one group socialization per home visitor and providing feedback to the home visitor and parent as appropriate.

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	• Accompanying the home visitor on home visits as needed or requested. • Being available to consult with individuals or groups of home visitors. Home visitors can share their information, ideas, and suggestions about family members with the mental health professional.
(4) Advise and assist in developmental screening and assessment;	(4) The mental health professional should: • Advise and assist home-based staff and the health coordinator in devising a process for screening children with atypical behavior, and in evaluating children needing further assessment. • Train or assist in obtaining training for home visitors in the use of behavior checklists and other screening instruments. Observation and screening should be initiated within the early months of the program year and then continued on a periodic basis—as considered necessary by parents, staff, and/or the mental health professional. Included in screening and evaluation are: • Physical coordination and development, • Intellectual development, • Sensory development with special emphasis on sensory discrimination, • Emotional development, and • Social development.
(5) Assist in providing special help for children with atypical behavior or development, including speech;	(5) The mental health professional should: • Advise and assist the home-based staff and parents in provision of special services for children with atypical behavior or development, including language and speech. • Advise and assist the home-based staff and parents in the provision of special services for

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	parents with atypical behavior and/or mental health needs (for example, counseling abusive or abused parent or a parent who is a substance abuser).
(6) Advise in the utilization of other community resources and referrals;	(6) The mental health professional should: • Have a working knowledge of mental health resources in the community. • Assist in development of a file of community resources for both children and adults, including referral procedures and documentation of their use. Examples of such resource agencies include child guidance clinics, community mental health centers, psycho-educational clinics, state or county children's services, and support groups for substance abusers, adult/adolescent children of substance abusers, victims of violence, and individuals with AIDS-related complications or their significant others.
(7) Orient parents and work with them to achieve the objectives of the mental health program; and	(7) The mental health professional should: • Orient parents and work with them to achieve the objectives of the mental health program. • Conduct or arrange mental health training sessions for parents as appropriate. • Advise parents on how to secure assistance on individual problems. • Assist home-based staff and parents in developing an ongoing integrated education program in mental health, and evaluating the effectiveness of the parent mental health education program. • Assist parents in recognizing a variety of ways in which they can further their children's intellectual, emotional, and social development at home.
(8) Take appropriate steps in conjunction with health and education services to refer children for diagnostic examination to confirm that their emotional or behavior problems do not have a physical basis.	(8) The mental health professional in collaboration with the health coordinator should assure that a medical examination is part of the assessment when a child is referred for emotional or behavioral problems. If a family member other than the target child is identified with potential

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	problems, the home visitor should make appropriate referrals and follow-up with the family.
(b) The plan shall also provide	
(1) Attention to pertinent medical and family history of each child so that mental health services can be made readily available when needed;	(1) The assessment of each child's medical records, family history, and home visits by appropriate coordinators and home visitors for information will indicate if the child or his family may need additional assistance from the mental health program. A plan for follow-through will be written for each child whose medical and/or family history and/or home visits indicates emotional or behavioral problems. The plan should include objectives to be evaluated weekly or as appropriate.
(2) Use of existing community mental health resources;	(2) Agencies should develop procedures for utilizing existing community mental health resources including specified contact persons. These procedures should be developed in conjunction with the mental health professional for identifying and contacting resources. Parents and staff should advocate for needed services or resources not available within the community.
(3) Coordination with the education services component to provide a program keyed to individual developmental levels;	(3) The mental health professional, agency education coordinator, and home-based coordinator should collaborate to achieve: • An education program based on children's developmental levels, • Training for home visitors in the implementation of developmentally appropriate programming, and • Appropriate mental health education resources for home visits and group socialization activities, such as an adaptation of the center-based As I Am curriculum. Conferences should be held periodically with the staff to discuss children who have been identified as needing special help. The mental health professional should share ideas and suggestions with home visitors on helping the child benefit from the program. When appropriate, the mental health professional also should meet periodically with the parents for discussion and to share ideas and suggestions on helping the child to progress.

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(4) Confidentiality of records;	(4) Only authorized persons should be permitted to see the records. Parents and staff should decide jointly if such records are forwarded to the school system. Agencies should follow informed consent procedures if such records are to be forwarded to the school system.
(5) Regular group meetings of parents and program staff;	(5) Group meetings/trainings, conducted at least quarterly between parents and staff, can be used for identifying and discussing child development, discipline, childhood fears, complex family problems, and other parental and staff concerns. A mental health professional should be present at these sessions periodically. Group meetings and training sessions also should address contemporary mental health issues with which families might be coping, such as community and family violence, substance abuse, and AIDS or other catastrophic illnesses.
(6) Parental consent for special mental health services;	(6) There should be a written consent from the parent for special mental health services. A standard "informed consent" form should be used for each mental health service. The form should include the following: the name of the child, the name of the service provider, a description of the services to be provided, and the date the form was signed.
(7) Opportunity for parents to obtain individual assistance; and	(7) Opportunities should be provided for parents to discuss individual problems of the child or the family with the mental health professional. This can be done on an appointment basis at a mental health or agency facility, or in the home. Home visitors should assist the parents in scheduling these appointments and, when necessary, assist the parents with transportation and child care arrangements.
(8) Active involvement of parents in planning and implementing the individual mental health needs of their children.	(8) During parent orientation to the mental health program, the mental health professional should assist parents to understand their role. Home visitors should involve parents in all the processes of the mental health program that may be experienced by the family—observations, assessments, mental health education, consent for services, referrals, consultations, setting goals, implementing activities to reach goals and objectives, evaluating progress, and decisions on record sharing.

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1304.3-9 Nutrition objectives. The objectives of the nutrition part of the health services component of the Head Start program are to: (a) Help provide food which will help meet the child's daily nutritional needs in the child's home or in another clean and pleasant environment, recognizing individual differences and cultural patterns, and thereby promote sound physical, social, and emotional growth and development; (b) Provide an environment for nutritional services which will support and promote the use of the feeding situation as an opportunity for learning; (c) Help staff, child and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge in the development of sound food habits even after leaving the Head Start program; (d) Demonstrate the interrelationships of nutrition to other activities of the Head Start program and its contribution to the overall child development goals; and (e) Involve all staff, parents and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided by Head Start complements and supplements that of the home and community.	For the home-based program option, agencies can accomplish the nutrition objectives through both home visits and group socialization activities. The emphasis is nutrition education and helping parents learn to make the best use of existing resources. Nutrition education may include: • Menu planning • Nutrition resources • Economical grocery shopping • Food preparation • Integration of nutrition into all component areas • Refer to 1308.20 for such services to children with disabilities
1304.3-10 NUTRITION SERVICES. (a) The nutrition services part of the health services component of the performance standards plan should identify the nutritional needs and problems of the children in the Head Start program and their families. In so doing account should be taken of: • Identify the problem areas and needs, through an analysis of the Community Needs Assessment, that should be addressed related to nutrition;	(a) The intended purpose of the written plan is to develop a system to: • Bring parents and staff to a level of understanding and involvement in the area of nutrition to enable them to meet their various appropriate responsibilities;

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• Provide nutrition education for staff based on identified problem areas and needs;	
• Meet families' nutritional needs;	• Provide snacks and meals of high nutrient density for group socialization and home visit food preparation experiences; and • Provide individualized nutrition education in the home setting. The ACYF Handbook for Local Head Start Nutrition Specialists can provide additional guidance to the professional staff responsible for developing the written plan.
(1) The nutrition assessment data (height, weight, hemoglobin/hematocrit) obtained for each child;	(1) Home visitors should review nutrition assessment data with the program nutrition specialist to assess family needs and identify appropriate goals, objectives, and strategies to address those needs. Home visitors/nutrition specialists should explain the nutrition assessment results to parents and jointly develop individualized nutrition recommendations and strategies for the Family Action Plan and Home Visit Weekly Plans. Parents of children identified as underheight/underweight might require more indepth assistance from the home visitor in appropriate meal planning and nutrition practices. Overweight children need follow-up by the home visitor, health coordinator, and nutrition specialist to identify the specific factors involved in the weight problem and realistic interventions consistent with good child growth and development practices. Children with anemia and similar medical nutrition problems need specific diagnoses and follow-up. A child with a hemoglobin of less than 11 or hematocrit of less than 34 is considered to be anemic. This is consistent with the standards of Public Health Service, Maternal and Child Health; Women, Infants and Children (WIC) program; and with Centers for Disease Control (CDC) National Nutrition Status Survey as well as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidance material.

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	Individuals with unresolved nutrition-related needs should be referred to appropriate agencies who have continuing contact with the family for follow-up after the family leaves Head Start.
(2) Information about family eating habits and special dietary needs and feeding problems, especially of handicapped children; and,	(2) Home visitors should obtain this information by talking with parents as soon as possible following enrollment. Staff should receive orientation and training from a nutritionist on how to conduct such interviews. The information will be used to support and reinforce positive family eating patterns; see that special dietary needs are met at home and at group socialization activities; and develop an individualized nutrition plan.
(3) Information about major community nutrition problems.	(3) Information about major community nutrition-related problems may be obtained from the demographic characteristics of the target group, such as family income, medical statistics, educational level, racial and ethnic composition, and from the quality of the local food and water supply, such as availability of fluoridated water. The state and local health department nutritionists are helpful in obtaining such information. The information should be used to determine the need for home visitors to advise families regarding food supplementation, fluoridation of water, or use of iodized salt. Program staff and parents can serve as advocates regarding the control of sale of uncertified raw milk, for a more effective method of distribution and utilization of food stamps, or for a system of making food more easily available through better transportation, food outlets, or cooperatives.
(b) The plan, designed to assist in meeting the daily nutritional needs of the children, shall provide that:	(b) The child's total daily nutritional needs should be supplied by the food served by parents and complemented by food served during group socialization activities. These needs can be met by serving a variety of foods that includes fruits, vegetables, bread, dairy products, meat, poultry, fish, and legumes. Children's nutritional needs are met best with a diet that is high in complex carbohydrates and low in fats, salt, and sugar. Home visitors should provide information and support parents in planning and preparing nutritious meals in the home.

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PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
(1) Every child in a part-day program will receive a quantity of food in meals (preferably hot) and snacks which provides at least 1/3 of daily nutritional needs with consideration for meeting any special needs of children, including the child with a handicapping condition;	(1) Agencies should serve nutritious meals and snacks during group socialization activities. Agencies also should provide enough food so that home visitors and participating parents and siblings can eat meals with children during the socialization times. Parents should have input to the menus for group socialization and home nutrition activities. Choose foods for home nutrition activities, as well as group socialization meals and snacks, that are based on the DHHS/USDA Dietary Guidelines for Americans (Home and Garden Bulletin No. 232, available from the U.S. Department of Agriculture). The guidelines include the following: • Eat a variety of foods, including selections of fruits, vegetables, whole grain and enriched breads, milk, cheese, yogurt, meats, poultry, fish, eggs, and legumes; • Avoid too much fat, saturated fat, and cholesterol by choosing lean protein sources, moderating the use of eggs and organ meats, limiting the intake of butter and oil products, using low fat foods, trimming excess fats off meats, and substituting for frying other cooking methods, such as broiling, baking, or boiling; • Eat more complex carbohydrates by substituting starch for fats and sugars and selecting foods that are good sources of fiber and starch, such as whole grain breads and cereals, fruits and vegetables, beans, peas, and nuts; • Avoid excessive sugars by using less of all sugars (including honey and syrups), eating less of foods that contain sugars, selecting fresh fruits or fruits canned without sugar, and avoiding prepared foods that contain sucrose, glucose, maltose, dextrose, lactose, fructose, or syrups; and • Avoid too much sodium by cooking with only small amounts of added salt, adding little or no salt to food at the table, and limiting intake of salty foods (potato chips, pretzels, salted nuts, and so on. The nutrient needs of children and adults with disabilities are the same as for other children and

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	adults. However, where there are difficulties in chewing or swallowing or lack of feeding skills, the texture and consistency of the foods may need to be modified. In other conditions that require modification of the menu such as food allergies, or digestive or metabolic disturbances, this information should be part of the individual's health record and discussed with parents. A physician's prescription should be kept on file at the group socialization facility and at the food preparation site and updated periodically. A qualified nutritionist should help plan for meeting these needs. General use of special dietary foods such as vitamin fortified modified milk products either as snacks or as meal supplements are not allowed. They are not in keeping with Head Start nutrition program goals of (1) providing needed nutrients through well planned meals, (2) providing a variety of food and eating experiences, (3) providing opportunities for children to participate in menu planning and wherever possible in simple food preparation and selection, and (4) reinforcing cultural and ethnic practices found in the children's homes.
(2) Every child in a full-day program will receive snacks(s), lunch, and other meals as appropriate which will provide 1/2 to 2/3 of daily nutritional needs depending on the length of the program;	(2) This objective is not applicable to the home-based option.
(3) All children in morning programs who have not received breakfast at the time they arrive at the Head Start program will be served a nourishing breakfast;	(3) Home visitors should work with and support families in establishing consistent routine meal patterns in the home. If group socialization activities begin in the morning, agencies should serve breakfast to the participants. If these activities are scheduled through lunch time, then lunch should be served.
(4) The kinds of food served conform to minimum standards for meal patterns;	(4) Meal Patterns Home visitors can use the USDA meal patterns (see center-based option guidance) and Dietary Guidelines for Americans as a guide for encouraging parents to serve appropriate quantities and varieties of food they prepare at home for their young children. Snacks should be planned to supplement nutrient needs.

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	Menus developed from the meal patterns and guidelines should include cultural foods. For example, at lunch the meat substitute, vegetable, and bread could be made into an enchilada, taco, or burrito using the meat or cheese or bean, tomatoes or tomato sauce and onion, and an enriched corn or flour tortilla. Protein-rich foods are meat, poultry, fish, eggs, cheese, peanut butter, dried peas, and beans. Menu suggestions are the same as those included in the center-based option guidance. Two percent fat milk may be substituted for whole milk.
(5) The quantities of food served conform to recommended amounts indicated in ACYF Head Start guidance materials; and,	(5) Follow the USDA meal patterns regarding suggested size servings for group socialization meals. Use the meal patterns as a guide for calculating total amounts of food to purchase and prepare. Family style service, in which children and adults serve themselves, is preferred.
(6) Meal and snack periods are scheduled appropriately to meet children's needs and are posted along with menus; e.g., breakfast should be served at least 2 1/2 hours before lunch, and snacks should be served at least 1 1/2 hours before lunch or supper.	(6) Home visitors should assist parents in understanding the importance of establishing consistent routines for preparing and serving family meals. Regularity in times of serving meals and snacks and the following of a daily routine help young children to establish good habits. Proper spacing of meals allows time for the child to become hungry. For group socialization activities, quiet time should be scheduled before each group meal so the children come to the table relaxed and ready to eat. Bathroom time should be allowed before and after meals with special attention to thorough handwashing before the meal and careful toothbrushing after eating. These activities should be conducted with small groups to allow for appropriate teaching and supervision.
(c) The plan shall undertake to ensure that the nutrition services contribute to the development and socialization of the children by providing that:	(c) Mealtimes should promote the intellectual, physical, social, and emotional development of children. Home visitors and parents should utilize food preparation and mealtimes as learning opportunities in the home and during group socialization activities. Meal-related experiences in the home and during group socialization activities provide opportunities for decision making, learning to take

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	responsibility, sharing, communicating with others, muscle control, and eye-hand coordination. Family style food service supports these efforts by allowing children opportunities to set the table, pour from small plastic pitchers, serve themselves food, clear and wash the table, and so on. Meal planning can provide opportunities for food preparation experiences in the home and during group socialization activities. Home visitors and parents also should plan nutrition education activities that do not involve food preparation.
(1) A variety of foods which broaden the child's food experience in addition to those that consider cultural and ethnic preferences is served;	(1) Home visitors should plan with parents a food preparation activity to conduct with children in the home at least once a month. Activities should involve cooking as well as those that do not, such as apple salad and lettuce roll-ups. Consideration should be given to familiar foods, as well as cultural and ethnic preferences. Emphasize foods high in nutrients and low in fat, salt, and sugar. Agencies often can obtain food supplies from local food banks. Home visitors and parents should prepare children for new food experiences through home and group socialization activities, such as reading stories that include the food, using food picture cards for lotto games, making food picture collages, and shopping for the food or seeing it grow on a farm. Include tasting experiences in home visit plans. Home visitors and families can explore the various ways that one food is served in different cultures, such as the many different types of breads used: tortillas, biscuits, pita bread, bagels, soda bread, and so on. Home food experiences should be based on the families' assessed needs and interests. Home visitors and families also should explore the many ways one food can be prepared, such as hard and soft cooked eggs, scrambled, poached, coddled, egg salad, deviled, meringue, and so on. For group socialization activities, home visitors and parents should plan and conduct food preparation experiences at least once per month. Group socialization snacks and meals provide opportunities for adults and children to identify, taste, and discuss the various ways one food is served in

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	different cultures, the many ways foods can be prepared, how foods change as ingredients are chopped, mixed, cooked, and so on.
(2) Food is not used as punishment or reward, and that children are encouraged but not forced to eat or taste;	(2) Parents and home visitors should encourage (but not force) children to taste at least a small portion of each food served at home and during group socialization meals. Parents and home visitors should model this method during group socialization activities. Parents should be encouraged to follow this guidance at home. If a child refuses a food, offer it again at some future time. Children have more taste buds than adults: Foods have stronger tastes for them. Serve vegetables raw or steamed just until fork tender to avoid bitter-tasting vegetables. All foods, including dessert, should contribute to the individual's needs. Home visitors, parents, and food service staff should plan and prepare nutritious desserts to serve with the meal (such as fresh fruits, fruit juice gelatin, or blueberry muffins). "Clean plate" clubs, stars, happy faces, and other gimmicks to encourage children to eat are not appropriate.
(3) The size and number of servings of food reflect consideration of individual children's needs;	(3) Appetites vary among children and in the same child from day to day. Start with small portions, allowing for additional portions as desired. Permitting children to serve themselves gives them latitude to make decisions on the quantity they want and prevents waste. Family style food service is preferred. Use of preplated meals for children in the home or during group socialization activities does not allow opportunity for individualization of serving size, and usually allows little variety, especially in cultural foods. Serve food in a form that is easy for the young child to manage. Bite-size pieces and finger food are well-liked and suitable for small hands. Meat cut in bite-size pieces, bread, and raw vegetables cut in strips and fruit in sections are easy for children to handle.
(4) Sufficient time is allowed for children to eat;	(4) Serve children as soon as they come to the table during group socialization mealtimes.

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	Encourage parents to do the same at home, allowing for family traditions regarding waiting for all to be seated, showing appreciation, and other customs. Slow eaters should be allowed sufficient time to finish their food (about 30 minutes). If children become restless before the meal period is over allow them to get up and move around, that is, the children can take their plate to a clearing area away from the table when finished. A leisurely meal time pace should be encouraged. Some children with disabilities may be eating at a different developmental level than the other children. For example, if the 3-year-old child is eating with the skills of a 2-year-old, start where the child is and plan with a nutritionist or other therapist for helping the child reach an adequate level of self-feeding skill.
(5) Chairs, tables, and eating utensils are suitable for the size and developmental level of the children with special consideration for meeting the needs of children with handicapping conditions;	(5) For group socialization mealtimes, chairs should be of a size to allow the child's feet to rest on the floor or support should be provided in some way. Plastic dishes and stainless steel flatware are practical for use with small children. Small plastic glasses or cups (4 oz.) are easy to hold and help avoid spills. Small pitchers can be handled by children for refills. Children need experience using knives. These should have rounded tips. Use of paper plates is discouraged. However, if they should be used they should be of sturdy weight so that they do not slide around and so juice does not soak through the surface and make eating difficult. Use washable tabletops, covers, or mats for easy cleaning of spills. Home visitors should assist parents in identifying and using chairs, utensils, dishes, cups, and pitchers that are appropriate for children.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
(6) Children and staff, including volunteers, eat together sharing the same menu and a socializing experience in a relaxed atmosphere; and skills of a 2-year-old, start where the child is and plan with a nutritionist or other therapist for helping the child reach an adequate level of self-feeding skill.	(6) Home visitors should assist parents in planning for relaxed mealtimes at home. During group socialization mealtimes, small groups of 5-7 persons are conducive to conversation and interaction. Interesting and pleasant table conversation centered around children's total experiences (not limited to food and nutrition) should be encouraged. Discourage talk about personal dislike of food. Home visitors and parents should set a good example by their attitude toward acceptance of food served. If an adult should be on a special diet and cannot eat the same foods as the children, this should be explained to them. Good food habits are "caught rather than taught." No salt or sugar containers should be at the table.
(7) Opportunity is provided for the involvement of children in activities related to meal service. (For example: family style service)	(7) Home visitors should make suggestions for and encourage parents to assign children responsibilities of table setting and clean-up during meals served at home, consistent with cultural and family expectations. Home visitors should help parents understand the rationale for letting children serve themselves during home mealtimes and problem-solve with parents appropriate strategies for family-style service in the home. During group socialization activities, a rotating schedule of "helpers" will allow children to take turns setting the tables for all children and adults. As the helpers set the tables, other children should be engaging in quiet activities and toileting and handwashing in small groups. All should sit after the tables are set and the food is on the table. Children should serve themselves, including pouring milk or juice from small plastic pitchers, with assistance from adults as needed. Children should be allowed to leave the table when they are finished eating to engage in quiet, self-directed activities. Each child should clean his or her own place. Helpers should return serving bowls to food carts/ the kitchen, wash table-tops, and conduct other clean-up activities.
(d) The plan shall set forth an organized nutrition education program for staff, parents and children. This program shall assure that:	(d) An organized program is based on identified needs and consists of planned activities to meet these needs. Nutrition education helps staff, children, and parents increase knowledge, understanding, and skills to achieve good nutrition.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
(1) Meal periods and food are planned to be used as an integral part of the total education program;	(1) Home and group socialization mealtimes provide opportunities for learning in many areas. Foods can serve as objects of observation, investigation, and discussion for conceptual, sensory, and communication development. Food-related activities facilitate practice in discrimination, classification, seriation, pattern recognition, and further development of thinking skills. These activities also can enhance children's self-esteem and social development, as well as provide opportunities for learning safety and proper hygiene. Mealtimes and other food-related activities provide children and adults with experiences to learn about the importance of food to our health and well-being. Home visitors should use an integrated approach for introducing nutrition concepts to families. For example, food preparation activities such as making apple salad could be planned in conjunction with a group socialization trip to an orchard, family storytelling that includes books about growing apples, and training session topics that include nutritious, low-sugar apple dish recipes.
(2) Children participate in learning activities planned to effect the selection and enjoyment of a wide variety of nutritious foods;	(2) Home visitors should include activities in home visit weekly plans and the group socialization curriculum that help children and other family members to identify nutrient-dense foods; to understand the effects of too much salt, fat, and sugar in their diets; to learn about the variety of nutritious foods that are part of various cultures, ethnic groups, and geographic regions; and to develop a willingness to try new foods. Home visitors and parents can plan and conduct food and nutrition-related activities such as: • Trips, • Dramatizations and stories, • Gardening, • Tasting, • Games, and • Menu planning. Refer to the Head Start Nutrition Education Curriculum, available from the Head Start Bureau, P.O. Box 1182, Washington, D.C. 20013.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
(3) Families receive education in the selection and preparation of foods to meet family needs, guidance in home and money management and help in consumer education so that they can fulfill their major role and responsibility for the nutritional health of the family; and to establish long-term sound food habits and attitudes. Food used in learning activities should be eaten.	(3) Home visitors should include, on at least a monthly basis, nutrition activities for families related to economical food buying, the Dietary Guidelines for Americans, menu-planning, and other nutrition education topics, as appropriate for each family. Parent participation in menu planning for group socialization activities also can provide opportunities for nutrition education.
(4) All staff, including administrative, receive education in principles of nutrition and their application to child development and family health, and ways to create a good physical, social and emotional environment which supports and promotes development of sound food habits and their role in helping the child and family to achieve adequate nutrition.	(4) This education should be appropriate to the specific nutrition-related responsibilities of each staff member. For example, nutrition education for home-based staff should have a different focus from that of the food service staff or that of the director. The staff training program should be coordinated and integrated with the total staff training and orientation program.
(e) The plan shall make special provision for the involvement of parents and appropriate community agencies in planning, implementing, and evaluating the nutrition services. It shall provide that: In addition, programs should plan and conduct training sessions and parent meetings for home-based families on nutrition topics, based on families' strengths, interests, and needs. Agency nutritionists and nurses should serve as resources to home visitors for providing training and conducting parent meetings.	(e) Parents should be encouraged to participate in nutrition program activities such as planning and conducting nutrition-related activities in the home, planning menus and working in group socialization nutrition activities, serving as volunteers or in jobs in food service, and in ongoing monitoring of the nutrition component. Parents or members of the community who meet the following requirements should be encouraged to apply for food service positions in programs where these positions exist: • Have food preparation skills • Are willing to try new foods • Meet health standards • Hold positive attitudes toward food • Work well with children and adults • Are motivated to learn new skills. Appropriate agencies can provide professional input and resources for training home visitors, home-based coordinators, other staff, and food service personnel as well as meeting the needs of parents. It is important that these agencies understand the Head Start home-based philosophy. Some agencies may be resources for additional funding, equipment, and food. Examples are local health department, schools, colleges, hospitals, county Extension Service, USDA, and professional and trade organizations (The American Dietetic

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	Association, Dairy Council, American Home Economics Association, National Coalition for Hispanic Health and Human Services Organizations, Center for Science in the Public Interest, and Society for Nutrition Education).
(1) The Policy Council or Committee and the Health Services Advisory Committee have opportunity to review and comment on the nutrition services;	(1) The Health Services Advisory Committee and Policy Council should review the nutrition program plan and advise on specific needs of the program with special reference to addressing identified community nutrition needs.
(2) The nutritional status of the children will be discussed with their parents;	(2) Any problem related to nutritional status identified by home visitors' observations should be discussed with parents. A plan to address the problems should be developed with the parents. Positive food habits and good growth pattern of the child should be reinforced.
(3) Information about menus and nutrition activities will be shared regularly with parents;	(3) Agencies should provide a variety of opportunities for parents to have input to menu and nutrition activity planning for home visits and group socialization activities. These might include Health Services Advisory Committee participation or making suggestions during home visits. Planning could be regularly scheduled during parent meetings. Examples of topics include nutritious family snacks, new or different recipes, or ways to include children in meal preparation.
(4) Parents are informed of the benefits of food assistance programs; and	(4) Home visitors should use food assistance programs to reinforce areas addressed by Head Start nutrition services. Food assistance programs include food stamps, free or reduced price school breakfast and lunch, and food programs for high risk categories (pregnant mothers, infants, children, the elderly).
(5) Community agencies are enlisted to assist eligible families participate in food assistance programs.	(5) It is important to assure that families have food. This may involve utilization of emergency food banks, providing transportation to buy food stamps or food; but it should be remembered that the long term goal is to help families toward self-sufficiency. As appropriate for each family, home visitors should work with the social services coordinator to assure that families have food.
(f) The plan shall provide for compliance with applicable local, State and Federal sanitation laws and regulations for food service operations including standards for storage, preparation and service	(f) These are established to protect the health and safety of children and adults being fed.

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of food, and health of food handlers, and for posting of evidence of such compliance. The plan shall provide, also, that vendors and caterers supplying food and beverages comply with similar applicable laws and regulations.	
(g) The plan shall provide for direction of the nutrition services by a qualified full-time staff nutritionist or for periodic and regularly scheduled supervision by a qualified nutritionist or dietician as defined in the Head Start Guidance material. Also, the plan shall provide that all nutrition services staff will receive preservice and in-service training as necessary to demonstrate and maintain proficiency in menu planning, food purchasing, food preparation and storage, and sanitation and personal hygiene.	(g) The services that a nutritionist is expected to provide in developing, implementing, and supervising a high quality feeding and nutrition program require a person with at least the minimal amount of nutrition training and experience as follows: A qualified nutritionist or dietitian is one who (1) meets the education and training requirements for membership and registration in the American Dietetic Association plus one year of experience in community nutrition including services to children 0-6 or (2) has a baccalaureate degree with a major in foods and nutrition, dietetics, or equivalent hours of food and nutrition course work plus two years of experience in community nutrition including services to children 0-6. Required experience could have been concurrent with or a part of training. A home economist who meets the requirements in item (2) above also would be qualified. Nutritionists working with home visitors should be familiar with the elements of home-based Head Start: the focus on family education and support and the elements of home visits, group socialization activities, parent and staff training sessions, parent meetings, and home-based parent representation on the Health Services Advisory Committee. It is important that the same nutritionist be used to establish consistency and continuity in the services. The amount of supervision needed will depend on the size of the program and the help it needs to meet the performance standards. Agencies should arrange for adequate time to complete the tasks identified below. Nutritionists, even those meeting the qualifications outlined above, should be oriented to the Head Start performance standards. Every nutritionist should be provided with the Handbook for Local Head Start Nutrition Specialists which is available from the Head Start Bureau, P.O. Box 1182, Washington, D.C. 20013.

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	The nutritionist provides the following types of services: (1) Assesses the nutritional status and special needs of children and their families from information provided by the family and from the health records; discussions with the home visitor, nurse, physician, and dentist; and from knowledge of community nutrition problems. The nutritionist helps parents and staff in formulating plans for the nutrition program from this information. (2) Provides necessary consultation with home visitors and/or parents. (3) Plans the nutrition education program with staff, parents, and children. Participates in staff and parent training. (4) Observes performance of food service personnel and provides for an ongoing training program that will improve or develop skills to ensure proficiency. (5) Assists home-based staff in planning with parents nutrition-related learning experiences for home visits and group socialization activities. (6) Utilizes community resources in carrying out the total nutrition program. (7) Participates in group socialization menu planning and review, and assists home visitors in developing menu suggestions to share with parents. (8) Provides the food service staff with direction in food budgeting, purchasing, storage, preparation, service, and setting up of efficient record systems. (9) Assists in interpreting and meeting health, sanitation, and safety standards related to nutrition. (10) Interprets Head Start nutrition service philosophy to peers in other agencies and enlists skills of such personnel. (11) Assists in preparation of job descriptions and develops schedules in food preparation facility to assure an efficient food service operation.

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	(12) Assists in preparation of the budget and written plans for the nutrition component. (13) Participates in the self-assessment process. The nutritionist should work at the grantee or delegate agency level to ensure coordination of all nutrition efforts. The nutritionist can function in several modes—using local resources in each program independently, setting up a cluster of model centers at which training of personnel can be conducted, and/or scheduling time to make regular visits to each food preparation facility. Training for food service staff should focus on knowledge, skills, and attitudes needed to do the job as well as career development plans for those interested. The training program can be designed to meet the qualifications for a dietary technician or assistant as defined by the American Dietetic Association and provide opportunity for career ladders into hospital dietary departments and other types of institutions. Examples of duties that food service personnel may be expected to perform and therefore need training are: • Plan menus with staff and parents • Procure and store food, supplies, equipment • Prepare or supervise the preparation and service of nutritious meals and snacks for group socialization activities • Arrange work schedules for aides and volunteers for group socialization activities • Maintain established standards of sanitation, safety, and food preparation • Prepare budget data and maintain cost control system • Identify equipment needs • Maintain records pertaining to food service operation • Develop and test recipes and products

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	• Cooperate and participate in nutrition education activities for children, parents, and staff • Prepare written reports. Adequate staff and time are required to do this. What constitutes an adequate number of food service personnel depends on the size of the food service operation (the number of children being fed), the type of equipment available, the level of staff competency, and the available auxiliary help such as janitorial service and volunteers. Programs should determine the number of food service staff and volunteers needed to prepare group socialization meals and ensure that these personnel are available. Sufficient paid time should be allotted to food service personnel to attend staff meetings and training, and for planning.
(h) The plan shall provide for the establishment and maintenance of records covering the nutrition services budget, expenditures for food, menus utilized, numbers and types of meals served daily with separate recordings for children and adults, inspection reports made by health authorities, recipes and any other information deemed necessary for efficient operation.	(h) The nutrition services budget includes costs of nutritionist consultation with home visitors and/or parents, food for nutrition education experiences in the home and during group socialization activities, emergency foods, food service and nutrition staff, equipment and nutrition education materials and supplies for children, and parent activities and staff training. Records should be kept on file for a minimum of 3 years and should be available to monitors, auditors, and other agency personnel as needed. All food program costs should be recorded: quantity and cost of food, purchased or donated, labor including volunteers, expenditures for equipment, utilities, and transportation. Programs under the Child Care Food Program for group socialization meals and snacks should supply reports according to the requirements of the agency administering the program. A daily count of meals served to children and adults during group socialization activities is a requirement of USDA as a condition for reimbursement. All menus for group socialization activities should reflect any changes made.

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	Written inspection reports should be posted and indicate any sanitation violations and date of compliance or expected compliance. Suggested source of menus and recipes: Child Nutrition Division Food and Nutrition Service, USDA 3101 Park Center Drive Alexandria, Virginia 22302 Tested recipes are recommended to insure uniform quality, prevent waste and serve as a guide to purchasing. Other needed records include food and equipment inventories, personnel evaluation, and training records.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
1304.4-1 Social services objectives. The objectives of the social services component of the performance standards plan are to: (a) Establish and maintain an outreach recruitment process which systematically insures enrollment of eligible children. (b) Provide enrollment of eligible children regardless of race, sex, creed, color, national origin, or handicapping condition. (c) Achieve parent participation in the center and home program and related activities. (d) Assist the family in its' own efforts to improve the condition and quality of family life. (e) Make parents aware of community services and resources and facilitate their use.	**INTRODUCTION** The Social Services component of Head Start is an organized method of assisting families to assess their needs and strengths. The home-based Head Start staff then works with the families in their home environment to identify and provide those services that will enhance those individual strengths of families to enable them to meet their own needs. Staff and parents will advocate for those community resources identified as needed but not available. Social Services are conducted with the family, not for the families. The primary focus of the staff is support. The emphasis is on families and individuals identifying, enhancing, and using their own strengths to resolve the conflicts in their lives, which may be personal, environmental, financial, or other. The overall goal is self-sufficiency. In order to accomplish the comprehensive objectives of the Social Services component, the Head Start program should use some form of Family Needs Assessment with every family having a child enrolled in the program. The Model Family Needs Assessment Process: Instruments and User's Manual is available from the Head Start Bureau, P.O. Box 1182, Washington, D.C. 20013. The purpose of the Family Needs Assessment is to develop a total profile or picture of the individual families being served by the Head Start program. The Family Needs Assessment, with parents' input, will identify the interests, desires, goals, needs, and strengths of the family and will help the Social Services and home-based staff determine how Head Start can work best with the family to maximize and maintain its strengths, while strengthening areas of need and/or concern. Home visitors should assist the parents in completing the Family Needs Assessment. This assessment process begins at the time of enrollment, continues throughout the program year, and culminates when the family leaves the program. This process results in the development of a family profile and Family Action Plan, which should be geared toward assisting families to reach their goals and aspirations. The agency should provide training to staff on identifying needs of families

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	and children. The Head Start Bureau/ACYF publication, A Handbook for Providing Social Services in Head Start, may be used as a resource for staff. Available from the Head Start Bureau, P.O. Box 1182, Washington, D.C. 20013.
1304.4-2 Social services plan content.	**GUIDANCE**
(a) The social services plan shall provide proceedures for:	(a) Staff and parents should provide input to the plan. The first step should be an analysis of the Community Needs Assessment to determine local Head Start social services component goals and objectives.
(1) Recruitment of children, taking into account the demographic make-up of the community and the needs of the children and families	(1) The recruitment process should seek out children and families systematically. Recruitment techniques include door-to-door contact, use of income eligibility lists, and use of staff and parents who can identify with the community. While priority should be given to those from economically disadvantaged homes, a number of other stress-inducing factors also may be considered, such as substance abuse, terminal illness, geographic and social isolation, and need for parenting skills (refer to Community Needs Assessment). Special emphasis should be placed on recruiting and enrolling from and coordinating with other agencies that are serving only some of the children's and families' needs.
(2) Recruitment of handicapped children	(2) The following factors should be taken into account. • The presence of a disability should not be the sole criterion for home-based placement. • Agencies should coordinate with local school systems regarding Public Law 99-457 for services to young children with disabilities and should refer to 1308.5 • Agencies should consider the services provided by other community agencies.
(3) Providing or referral for appropriate counseling; (4) Emergency assistance or crisis intervention;	(3) (4) Preferably, these services should be available directly from the local Head Start agency where professionally trained staff are available. Head Start home visitors should handle crisis intervention and other emergencies by referral. Another option is for the home visitor to be accom-

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	panied on a home visit by a psychologist, social worker, or other mental health professional to provide direct services, such as counseling or crisis intervention. If unavailable directly, provision should be made for obtaining appropriate services from outside resources. The Head Start agency should have specific written policies regarding referrals.
(5) Furnishing information about available community services and how to use them;	(5) The written procedure should ensure that all community resources are used to the maximum extent possible.
(6) Follow-up to assure delivery of needed assistance;	(6) Agencies to whom children or other family members were referred should be contacted to assure communication and coordination. The home visitor should follow-up on these referrals with the family to assure satisfactory provision of services.
(7) Establishing a role of advocacy and spokesman for Head Start families;	(7) Head Start staff should, in a prudent and positive way, advocate for Head Start families, especially if the family has any problems in receiving benefits from local resources. Head start staff should assist the family in moving toward a higher level of self-advocacy.
(8) Contacting of parent or guardian with respect to an enrolled child whose participation in the Head Start program is irregular or who has been absent four consecutive days; and	(8) The home visitor will make regular weekly scheduled home visits with the family and, together, the home visitor and family will assess, address, and re-assess family needs on a continuing basis. Every attempt should be made to reschedule a missed visit as soon as possible.
(9) Identification of the social service needs of Head Start families and working with other community agencies to develop programs to meet those needs.	(9) The procedure should specify those services that will be provided directly by the local Head Start agency and those services that will be provided by resource agencies other than the local Head Start agency. The home visitor and parents should identify individual family needs and, together, set goals and develop strategies to enable families to meet their needs.
(b) The plan shall provide for close cooperation with existing community resources including:	
(1) Helping Head Start parent groups work with other neighborhood and community groups with similar concerns;	(1) (2) Letters of intent and other formal communication should be established by Head Start staff to maintain contact with public service agencies. Staff should find out what services these agencies currently offer and potentially what they may be able to offer in the future.
(2) Communicating to other community agencies the needs of Head Start families, and ways of meeting these needs;	Agencies might include the following:

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	• State-funded family support and education programs and religious organizations; • Family literacy development programs; • AIDS service organizations; • Substance abuse prevention, treatment, and rehabilitation programs; • Victim's assistance programs; • Battered women's shelters; • Child abuse programs; • Play therapy; • Respite care; • After-school care; and • Evening child care.
(3) Helping to assure better coordination, cooperation and information sharing with community agencies;	(3) Agencies should exchange site visits, newsletters, training opportunities, mailing lists, and board seats with other agencies and providers. Head Start staff should participate in interagency fairs or councils and attend regularly scheduled multi-agency staffings.
(4) Calling attention to the inadequacies of existing community services, or to the need for additional services, and assisting in improving the available services, or bringing in new services; and	(4) The agency should establish an advisory committee with cross-component representation, comprised of Head Start staff, staff from other community agencies, and Head Start parents, to provide input concerning needed social services. This committee could act as an advocacy group in obtaining these services. In addition, home-based staff would be valuable members of local inter-agency councils. For agencies with center- and home-based program options, the advisory committee should include proportionate representation of center- and home-based parents.
(5) Preparing and making available a community resource list to Head Start staff and families.	(5) The agency should prepare a local community resource directory and update annually.

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	Where another agency prepares a community resource list, the Head Start program might need to update the list annually and make it more readable and useful for parents. Home visitors should assist parents in using the community resources directory, as needed.
(c) The plan shall provide for the establishment, maintenance, and confidentiality of records of up-to-date, pertinent family data, including completed enrollment forms, referral and follow-up records, reports of contacts with other agencies, and reports of contacts with families.	(c) Complete and accurate family records should be kept in a safe and secure place in locked files. Each family record should contain enrollment forms, the Family Needs Assessment and Action Plan, child assessments, referrals to agencies, and follow-up reports, which reference weekly home visit activities. The agency's confidentiality policy should be followed. Parents should receive a copy of this policy. Component staff, especially social services personnel, should coordinate with the home visitors in reviews of family records.

PARENT INVOLVEMENT OBJECTIVES AND PERFORMANCE STANDARDS

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
1304.5-1 Parent involvement objectives. The objectives of the parent involvement component of the performance standards are to: (a) Provide a planned program of experiences and activities which support and enhance the parental role as the principal influence in their child's education and development. (b) Provide a program that recognizes the parent as: (1) Responsible guardians of their children's well being. (2) Prime educators of their children. (3) Contributors to the Head Start program and to their communities. (c) Provide the following kinds of opportunities for parent participation: (1) Direct involvement in decision making in the program planning and operations. (2) Participation in classroom and other program activities as paid employees, volunteers or observers.	**Introduction** The Head Start home-based program option reflects the concept that parents are the first and most influential educators and "enablers" of their own children. Thus, staff should place emphasis on developing and expanding the role of the parent. This is accomplished through parent participation in a variety of ways: • Identifying with staff their family's individual strengths, goals, needs, concerns, and interests; • Planning and participating in activities, events, and strategies that should assist them to successfully fulfill the goals they have set for both themselves and their children through daily home routines and practices, weekly home visits with the home visitor, parent meetings, and more; • Serving as decision-makers on agency policy groups; • Serving as agency volunteers; and • Serving as agency and community advocates. Home visitors should help parents become more effective as members of their family and communities. The primary goals are self-sufficiency and self-advocacy. Parents should participate in individualized weekly home visits with the home visitor. Parents and home visitors evaluate each visit and plan activities for the days between visits and for future visits. For the group socialization activities twice a month, parents assist in the planning of experiences for both the parents and children. Group socialization should be focused on both children and parents (not babysitters or temporary caregivers). Home visitors and parents should design the socialization activities to emphasize peer group interaction through age-appropriate

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	activities. Socialization activities can take place in a community facility, a home, a Head Start classroom, or on a field trip. Group socialization activities often include siblings as well as the target child. The agency should develop policies for involving siblings in group socialization activities. Plans should reflect the developmental differences of all children in attendance. The home visitor and parents develop a rotating schedule that allows the parents to take turns observing and participating in the children's socialization and participating in parents' activities. For example: A home visitor has 12 families; for each group socialization the home visitor and three parents interact with the children, while the other parents participate in planned parent activities.
(3) Activities for parents which they have helped to develop.	(3) Parents should be involved in planning individualized activities for themselves and other parents based on the identified interests and needs.
(4) Working with their own children in cooperation with Head Start staff.	(4) Parents should be involved in planning activities for their children and family for home visits, group socialization, and program activities for both children and adults. Parents should work with their own child(ren) in cooperation with the home visitor and other Head Start staff on home visits, between visits, and during group socialization activities.
1304.5-2 Parent Involvement plan content: parent participation.	
(a) The basic parent participation policy of the Head Start program, with which all Head Start programs should comply as a condition of being granted financial assistance, is contained in Head Start Policy Manual, Instruction I-31-Section B2, The Parents (ACYF Transmittal Notice 70.2, dated August 10, 1970). This policy manual instruction is set forth in Appendix B to this part.	
(b) The plan shall describe in detail the implementation of Head Start Policy Manual, Instruction I-31-Section B2. The Parents (Appendix B). The plan shall assure that participation of Head Start parents is voluntary and shall not be required as a condition of the child's enrollment.	(b) The plan should be written to reflect the specific roles of the parent in the home-based program option. During recruitment and orientation, staff should stress that parents should be actively involved in home visits and group socialization activities.

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	There should be proportionate representation of home-based parents on Head Start policy groups (for example, one parent representative per home visitor). The policy group's by-laws should include a statement assuring appropriate home-based parents' representation. When possible and logical, Head Start policy group membership should include community representatives from other agencies that offer some type of home-based service.
1304.5-3 Parent Involvement plan content: enhancing development of parenting skills. The plan shall provide methods and opportunities for involving parents in: (a) Experiences and activities which lead to enhancing the development of their skills, self-confidence, and sense of independence in fostering an environment in which their own children can develop to their full potential.	(a) Home-based parents should be encouraged to participate fully in all aspects of the Head Start program. Home visitors should support parents' feelings of self-worth and empowerment by focusing on parents' successes and strengths in many areas: • Planning, participating in, and evaluating home visits and group socialization activities; • Volunteering in agency component activities, such as health fairs and recruitment; • Representing the home-based option on policy groups and on community boards of directors and committees; • Making contact with community agencies and organizations; • Serving as advocates for the Head Start agency; and • Conducting sessions for staff, children, and other parents in relevant activities for which they have special skills. Home visitors should encourage and assist parents in using space, relationships, materials, and home routines as resources for constructing an interesting, safe, secure, and enjoyable home environment that encourages play, exploration, and learning.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
(b) Experiences in child growth and development which will strengthen their role as the primary influence in their children's lives.	(b) Home visitors should provide parents with guidance, information, and support in the enhancement of their parenting skills, personal development, and child development concepts through a variety of strategies: • Home visits, • Training, • Parent meetings, • Discussion groups, • Information dissemination, and • Group socialization activities. Parent-child interactions in home and group experiences should focus on the development of positive parenting practices and be based on sound child development principles.
(c) Ways of providing educational and developmental activities for children in the home and community.	(c) Home visitors should emphasize to parents specific activities that foster learning in children in the home and community. These would include discrimination and classification experiences with common household items as in, "Bring me the blue towel." A trip to the grocery store becomes a rich learning opportunity as parents and home visitors plan ahead. Home visitors assist parents in understanding that all routines and practices in the home are learning opportunities. Home visitors and parents can assess what is already being done and expand on these experiences. They should work together to use the home environment in creative ways. Home visitors and families should construct homemade learning materials and the home visitors should avoid bringing classroom materials into the home.
(d) Health, mental health, dental and nutritional education.	(d) Parent education should be offered during home visits; at workshops or training series such as Exploring Parenting or Looking at Life; at parent meetings; in newsletters; through resource materials and persons; and through notification of community opportunities. Head Start parent involvement staff and home visitors should help parents avail themselves of parent education opportunities through providing adequate notice and giving attention to transportation and child care needs. Health, mental health, dental, and nutritional education should be incorporated into home visits at least monthly. Local agencies should refer to the Head Start Health Coordination Manual, As I Am

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	Mental Health Curriculum, Dental Health Curriculum, Nutrition Education Curriculum, Looking at Life, and Exploring Parenting, available from the Head Start Bureau, P.O. Box 1182, Washington, D.C. 20013.
(e) Identification, and use, of family and community resources to meet the basic life support needs of the family.	(e) Home visitors should provide information for parents regarding available community resources, such as adult classes in consumer education, financial assistance programs, family and employment counseling, emergency food sources (for example, food pantries and kitchens), housing agencies, and low-cost clothing outlets. This should be reflected in the Home Visit Weekly Plan and parent meeting agendas.
(f) Identification of opportunities for continuing education which may lead towards self enrichment and employment.	(f) Educational opportunities might include Adult Basic Education (A.B.E.), continuing education programs, General Education Diploma (G.E.D.) programs, family literacy programs, vocational training or Child Development Associate (CDA) training, and self-enrichment programs. Based on the parents' identified goals, needs, and interests, home visitors and parents should work together to identify availability of these community programs and resources. Where resources are inadequate or do not exist, Head Start staff should seek assistance from the ACF Regional Office and the Job Training Partnership Act agency. It may be necessary for Head Start staff to advocate for these resources in the community. As parents pursue self enrichment or employment opportunities, home visitors should assist them in accessing community resources for needed clothing, child care, and transportation. The home visit itself could address skill building for parents that can be transferrable to job skills. Home visitors and parents should seek college credits, certification, and/or credentialing.
(g) Meeting with the Head Start teachers and other appropriate staff for discussion and assessment of their children's individual needs and progress.	(g) To enhance the role of parents as primary educators of their children, home visitors should increase parents' understanding of their child's development. Parents evaluate each weekly home visit in his/her own words. A more comprehensive review of children's and family's needs, progress, status, and goals should be done by the home visitor and parents at a minimum of three times a year.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	Home visit activities should enable both home visitor and parents to acquire a fuller understanding of each family member's abilities and experiences. The parents and home visitor should consider the family's and child's current needs and interests and plan home activities and interactions that will contribute to the progress of both. In addition to the regularly scheduled weekly home visits with the home visitor, parents should meet with other Head Start staff on an as-needed basis.
1304.5-4 PARENT INVOLVEMENT PLAN CONTENT: COMMUNICATIONS AMONG PROGRAM MANAGEMENT, PROGRAM STAFF, AND PARENTS.	
(a) The plan shall provide for two-way communication between staff and parents carried out on a regular basis throughout the program year which provides information about the program and its services; program activities for the children; the policy groups; and resources within the program and the community. Communications should be designed and carried out in a way which reaches parents and staff effectively. Policy groups, staff and parents should participate in the planning and development of the communication system used.	(a) Home visitors should ensure that home-based parents receive all available and pertinent agency information on a regular basis, through newsletters, home visits, training sessions, and policy group meetings. These techniques should be programmed to occur on a regular and continuous basis—for example, monthly newsletter, and bimonthly group meetings. Weekly home visit plans should reflect the two-way communication process regarding agency and component information, services, and activities. Home visitors need to communicate in ways that are appropriate for the parents.
(b) The plan shall provide a system for the regular provision of information to members of Policy Groups. The purpose of such communication is to enable the Policy Group to make informed decisions in a timely and effective manner, to share professional expertise, and generally to be provided with staff support. At a minimum, information provided will include: (1) Timetable for planning, development, and submission of proposals; (2) Head Start policies, guidelines, and other communications from ACYF; (3) Financial reports and statement of funds expended in the Head Start account; and (4) Work plans, grant applications, and personnel policies for Head Start.	(b) Agency plans should detail the system used to inform policy group members. The entire staff should share responsibility for information dissemination: written handouts, written minutes of meetings, official correspondence, and oral presentations at policy group meetings and training sessions.

PERFORMANCE STANDARDS	SUGGESTIONS FOR HOME-BASED OPTION
	(c) The entire Head Start staff shall share responsibility for providing assistance in the conduct of the above activities. In addition, Headth Services, Education, and Social Services staff shall contribute their direct services to assist the Parent Involvement staff. If staff resources are not available, the necessary resources shall be sought within the community.
1304.5-5 Parent Involvement plan content: parents, area residents, and the program. The plan shall provide for: (1) The establishment of effective procedures by which parents and area residents concerned will be enabled to influence the character of programs affecting their interests; (2) Their regular participation in the implementation of such programs; and (3) Technical and other support needed to enable parents and area residents to secure on their own behalf available assistance from public and private sources.	(1) (2) (3) Content of the plan should include: • Training in all Head Start components, in a way that allows parents and area residents to understand the Head Start program as an integrated whole and to facilitate parent participation in the preparation of the work plans and the budget. • Ways in which parents and area residents can assist staff in setting the goals of the local agency and influencing the goals of other community organizations concerned with children and families, allowing parents, community, and staff to see these goals as an interrelated system. • Regularly scheduled training that occurs in a planned fashion, beginning with and continuing through the grantee's funding cycle, with adequate provision for parental and community input in the design and evaluation of the program. Training can take place during home visits and parent meetings, in addition to special training sessions.

Appendix B

Home Visitor Self-Assessment Guide

Name: _____
Date: _____

Directions: Use this assessment tool as a guide for your individualized training program. For each activity listed below, think about how you do this in your job as a home visitor. Place a check in the appropriate column: I do this regularly/I do this sometimes/I need to do this more. Discuss your responses with your supervisor, CDA trainer, and others who can help you enhance your skills.

Activity	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Conduct weekly home visits with each family.			
Make up missed home visits, as appropriate.			
Complete and use a family needs assessment with each family.			
Complete and use a family action plan with each family.			
Complete and use individualized home visit weekly plans with each family.			
Use a support system for home visitors (meetings, planning time, training, supervision, monitoring).			
Plan and conduct with families group socialization activities that:			
Include activities for children and for parents to participate and/or observe			
Include active outdoor and indoor play for children			

ACTIVITY	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Use developmentally appropriate equipment and materials for ages and abilities of children present.			
Education			
Confirm parents' feelings of self-worth.			
Facilitate parents' support of their children's self-concepts and individual strengths.			
Help parents identify their own successes.			
Let parents and other family members take lead roles during home visits and group socialization activities while I observe, support, and provide feedback.			
Help parents provide opportunities for children to experience success.			
Encourage parents to accept and praise children's creative self-expressions and to display their work respectfully.			
Help parents to recognize and enhance their individual strengths and encourage parents to take advantage of social interactions.			
Assist parents to understand, identify, and provide a variety of situations that enhance children's socialization skills.			
Help parents identify and value the ways they learn best and understand the importance of children's active learning through play.			

ACTIVITY	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Support parents in meeting their own needs as growing and learning individuals.			
Engage parents in problem-solving activities to solve their own problems.			
Communicate with parents in a way that is open, honest, and informal.			
Help parents to identify opportunities to enhance children's communication skills.			
Encourage family literacy.			
Provide examples of questions parents can ask children that lead to more than one answer, such as: tell me about..., how do you think...? I wonder if...			
Help parents to understand the importance of regular physical activity for children and adults.			
Allow time both during and between home visits and during group socialization experiences for spontaneous activity by children, parents, and myself.			
Encourage and assist parents to provide opportunities for children's safe indoor and outdoor active play.			
Help parents to identify concrete experiences for children to learn abstract concepts, such as seriation and classification, with collections of bottle caps, keys, rocks, boxes, or other found objects.			

ACTIVITY	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Plan with parents learning experiences for both parents and children that reflect the cultural background of the families.			
Use the developmental assessments of children's progress and achievement in planning home visit and group socialization activities with parents.			
Assist parents in understanding how the educational aspects of the Head Start components can be integrated into families' daily routines and practices.			
Integrate health and nutrition education activities into the program for parents and children.			
Encourage and confirm the importance of parent participation in planning the education program for home visits and group socialization activities.			
Assist families in achieving and/or maintaining safe home environments, indoors and, where applicable, outdoors.			
Health			
Accumulate and record pertinent health information for each target child as soon as possible after enrollment.			
Work with the health coordinator and parents to ensure that all required screenings are completed on all target children.			
Use health screenings as opportunities to involve parents in health education.			

ACTIVITY	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Provide information to parents, as appropriate, regarding contemporary health problems.			
Refer parents, as needed, to appropriate community health service organizations.			
Arrange with the health coordinator to inform parents about available health services and assist them in scheduling further evaluation, diagnosis, and/or treatment as needed.			
Help families develop plans of action for medical emergencies in the home.			
Work with the health coordinator to translate findings of health screenings and evaluations into recommendations for home visits, parent education, support, referral, or advocacy.			
Review children's health records with the parents and help them to establish and maintain health files for their family.			
Use a variety of strategies for providing information about health resources to parents during home visits, parent meetings, and training sessions.			
Assist parents to understand their primary role in securing needed health care for the family.			
Work with the agency's mental health professional to meet families' needs.			

ACTIVITY	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Nutrition			
Review nutrition assessment data with the program nutritionist to assess family needs and identify appropriate goals, objectives, and strategies to address those needs.			
Provide information and support parents in planning and preparing nutritious meals in the home.			
Serve nutritious meals and snacks during group socialization activities.			
Choose foods for home nutrition activities, as well as group socialization meals and snacks, that are based on the DHHS/USDA Dietary Guidelines for Americans.			
Work with and support families in establishing consistent routine meal patterns in the home.			
Encourage parents to serve appropriate quantities and varieties of food they prepare at home for their young children.			
Work with parents to utilize food preparation and mealtimes as learning opportunities in the home and during group socialization activities.			
Assist parents in planning for relaxed mealtimes at home.			

ACTIVITY	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Plan with parents a food preparation activity to conduct with children in the home and at group socialization activities at least once a month.			
Make suggestions for and encourage parents to assign children responsibilities of table setting and clean-up during meals served at home, consistent with cultural and family expectations.			
Use an integrated approach for introducing nutrition concepts to families.			
Plan and conduct a variety of food and nutrition-related activities with parents.			
Request assistance from the agency nutritionist and nurses for providing training and conducting parent meetings for home-based families on nutrition topics.			
Use food assistance programs to reinforce areas addressed by Head Start nutrition services.			
Social Services			
Follow the agency's recruitment procedures.			
Handle crisis intervention and other emergencies by referral.			
Use all community resources to the maximum extent possible.			
Contact agencies to whom children and other family members were referred to assure communication and coordination.			

ACTIVITY	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Follow-up on the referrals with the family.			
Advocate for Head Start families, especially if a family has any problems in receiving benefits from local resources.			
Make regular weekly scheduled home visits with the family and, with the family, assess, address, and reassess family needs on a continuing basis.			
With parents, identify individual family needs and, together, set goals and develop strategies to enable families to meet their needs.			
Identify services that community agencies offer and what they may be able to offer in the future.			
Assist parents in using the local community resource directory, as needed.			
Follow your agency's confidentiality policy regarding family records.			
Parent Involvement			
Encourage parents to participate fully in all aspects of the Head Start program.			
Support parents' feelings of self-worth and empowerment by focusing on parents' successes and strengths.			

ACTIVITY	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Encourage and assist parents in using space, relationships, materials, and home routines as resources for constructing an interesting, safe, secure, and enjoyable home environment that encourages play, exploration, and learning.			
Provide parents with guidance, information, and support in the enhancement of their parenting skills, personal development, and child development concepts through a variety of strategies.			
Emphasize to parents specific activities that foster learning in children in the home and community.			
Assist parents in understanding that all routines and practices in the home are learning opportunities.			
Construct homemade learning materials with families.			
Work with Head Start parent involvement staff to help parents avail themselves of parent education opportunities through providing adequate notice and giving attention to transportation and child care needs.			
Incorporate health, mental health, dental, and nutritional education into home visits at least monthly.			

ACTIVITY	I Do This Regularly	I Do This Sometimes	I Need To Do This More
Provide information to parents regarding available community resources, such as adult classes in consumer education, financial assistance programs, family and employment counseling, emergency food sources, and so on.			
Enhance the role of parents as primary educators of their children by increasing parents' understanding of their child's development.			
Encourage parents to evaluate each weekly home visit in his/her own words.			
Consider the family's and child's current needs and interests and plan home activities with parents that will contribute to the progress of both.			
Encourage parents to meet with other Head Start staff on an as-needed basis.			
Ensure that parents receive all available and pertinent agency information on a regular basis, through newsletters, home visits, training sessions, and policy group meetings.			
Encourage and assist parents to participate in training and other activities that will help them to understand the Head Start program as an integrated whole.			

*U.S. G.P.O.:1994-515-032:03024